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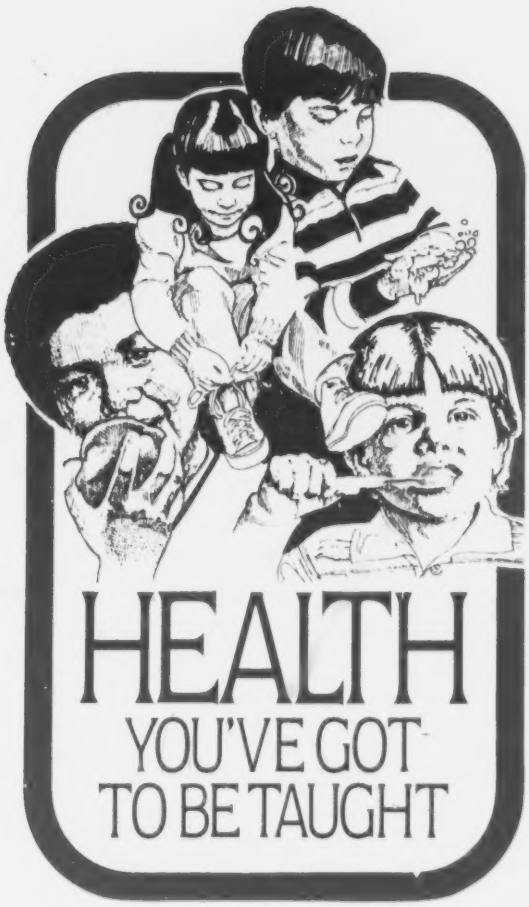

An Evaluation of Comprehensive Health Education in American Public Schools

Conducted for
Metropolitan Life Foundation

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Contents

	Page
Introduction	1
Accuracy, Sampling Error, and Other Sources of Error	2
A Note on Reading the Tables	3
Public Release of Survey Findings	3
Project Responsibility	3
Executive Summary	4
Effects of Comprehensive Health Education	4
Relevance of Health Education	5
Curriculum Emphasis and Student Response	6
Safety Issues	7
AIDS Prevention	8
Connection Between Nutrition Knowledge and Practice	9
Importance of Teaching About Emotional Health	10
Parental Involvement, Knowledge and Influence	11
Chapter 1: The Current State of Health Education in Schools	13
Extent of Health Education	14
Importance of Health Issues to Parents, Students and Teachers	14
Quality of Health Education	15
Chapter 2: Health Maintenance, Exercise, and Weight Control	27
General Health Maintenance Behavior	27
Exercise and Weight Control	28
Personal Hygiene and Medical Checkup	28
Family Background As an Influencing Factor	29
Chapter 3: Nutritional Knowledge and Behavior	41
Students' Understanding of the Connection Between Health and Good Nutrition	41
Thinking About Food Choices	42
Food and Snack Choices	43
Meal-Skipping Patterns	43
Chapter 4: Safety and Prevention of Accidents	51
Wearing Seatbelts	51
Drinking and Driving	52
Parents' Seatbelt Use and Drinking and Driving	52
Bicycle Safety	52
What To Do in Emergency Situations	53

Contents (Continued)

Page

Chapter 5: Cigarette Smoking and Substance Use 63
The Extent of Alcoholic Use and Influencing Factors 63
The Extent of Smoking and Influencing Factors 64
The Extent of Drug Use and Influencing Factors 65
Attitudes Toward Smoking, Alcohol and Drug Use 65

Chapter 6: Prevention of AIDS 73
AIDS Knowledge Items 73
Appropriate Age for AIDS Education 74

Chapter 7: Parental Involvement in Health Education 79
Aspects of Parental Involvement 79
Need for Parental Involvement 80
Support for Health Education 80

Chapter 8: Emotional Health 87
Friendship Patterns 87
Feelings of Unhappiness and Support System 88
The Importance of Teaching About Emotional Health 89

Appendix A: Methodology 100

Part I: Students' and Teachers' Section 101
Selection of the National Sample of Students and Teachers 101
Selection of the Healthy Me Sample of Students and Teachers 101
Interviewing Procedures 102
Questionnaire Development 102
Processing of the Data 102
Sample Disposition and Completion Rates 102

Part II: Parents' Section 105
Nature of the Parents' Sample 105
Introduction to Surveys of the Public 105
Random Digit Dialing 106
Sample Development for Screening the Public 106
Stratification of Telephone Samples of the Public 107
Control of the Sample 108
Eligibility Screening for Parents 108
Callback Strategy 109
Weighting of the Parents' Sample 109
Reliability of Survey Percentages 111

Appendix B: The Questionnaires 113

Tables

Table		Page
	Chapter 1: The Current State of Health Education in Schools	
1-1	Types of Health Education Programs Implemented in Schools as Reported by Teachers	16
1-2	Teachers' Familiarity with Comprehensive Health Education	16
1-3	Health Education Class Arrangement	17
1-4	Number of Years of Health Education by School Level	17
1-5	Percent of Those Having Learned About Health Topics	18
1-6	What Parents Perceive as Very Important Health Topics for Their Children	19
1-7	Personal Importance of Various Health Topics to Students	20
1-8	Personal Importance of Various Health Topics to Teachers	21
1-9	Topics of Emphasis in Health Education	22
1-10	Student Interest in Health Classes vs. Other Classes	23
1-11	Student Assessment of the Usefulness of Health Classes	24
1-12	Teacher Professional Preparation in Health Education	24
1-13	Teacher Training in Health Education	25
1-14	School Support for Health Education	25
1-15	Health Education Programs as Rated by Teachers and Parents	26
	Chapter 2: Health Maintenance, Exercise, and Weight Control	
2-1	Health Education and a Healthier Life	30
2-2	Percent of Those Having Made Changes to Improve Health	30
2-3	Degree of Personal Control Over Health	31
2-4	Frequencies of Exercise and Play at School and Outside of School	31
2-5	Percent of Those Exercising and Playing Outside of School Once a Week or Less Often	32
2-6	Five Most-Mentioned Changes Made to Improve Health	33
2-7	Motivations for Making Changes to Improve Health	34
2-8	Frequency of Brushing Teeth	35
2-9	Percent of Those Brushing Their Teeth Less Than Once a Day or Never	35
2-10	Frequency of Dental Checkup	36
2-11	Percent of Those Who Have Had Hearing Tests	36
2-12	Percent of Those Who Have Had Eye Examinations	37
2-13	Percent of Those Having Personal Doctors	37
2-14	Child's Hearing Test History by Parent Education and Income	38
2-15	Child's Eye Examination History by Parent Education and Income	39
2-16	Child's Dental Checkup Frequency by Parent Education and Income	40

Tables (Continued)

Table		Page
	Chapter 3: Nutritional Knowledge and Behavior	
3-1	Percent of Those Perceiving Food Items as Unhealthy	44
3-2	Percent of Those Who Think About Food Choices a Lot	45
3-3	Types of Food Bought Last Week	46
3-4	Five Foods Most Bought by Health Education Experience	47
3-5	Percent of Those Who Did Not Have Breakfast	48
3-6	Frequencies of Having Lunch and Dinner	49
3-7	Percent of Those Having Lunch and Dinner Sometimes or Never	50
	Chapter 4: Safety and Prevention of Accidents	
4-1	Percent of Those Wearing a Seatbelt	54
4-2	Percent of Those Telling Others to Wear Seatbelts	55
4-3	Percent of Those Drinking and Driving	56
4-4	Percent of Those Riding with a Driver Who Has Been Drinking	57
4-5	Frequency of Parents' Seatbelt Use	58
4-6	Frequency of Parents' Drinking and Driving	58
4-7	Percent of Those Wearing a Helmet When Biking	59
4-8	Parents' Perception of the Importance of Helmets	59
4-9	Percent of Those Who Do Not Always Follow Traffic Regulations When Biking	60
4-10	Students' Safety Knowledge and Practices	61
4-11	Teaching on Safety Measures	62
4-12	Parents' Knowledge on Safety Measures	62
	Chapter 5: Cigarette Smoking and Substance Use	
5-1	Frequencies of Smoking, Drinking Alcohol, and Taking Drugs	67
5-2	Extent of Drinking Alcohol, Smoking and Using Drugs as Reported by Parents and Students	68
5-3	Percent of Those Who Had a Drink Sometimes or More Often	69
5-4	Percent of Those Who Have Smoked a Cigarette Sometimes or More Often	70
5-5	Percent of Those Who Have Taken Drugs a Few Times or More Often	71
5-6	Comparison of Parents' and Students' Attitudes Toward Smoking, Alcohol and Drug Uses	72
	Chapter 6: Prevention of AIDS	
6-1	AIDS Knowledge Items by Levels of School	75
6-2	AIDS Knowledge Items by Health Education Experience	76
6-3	Parents' Knowledge of AIDS Risks	77
6-4	Appropriate Age for Students to Begin to Learn About AIDS by Parents and Teachers	78

Tables (Continued)

Table		Page
	Chapter 7: Parental Involvement in Health Education	
7-1	Parental Involvement in School Health Education	81
7-2	Need for School Health Education Perceived by Parents	82
7-3	Importance of Comprehensive Health Education Perceived by Parents	83
7-4	Ways to Encourage Teenagers' Good Health Habits	84
7-5	Future Improvements in Health Education	85
7-6	Strong Support for School Health Education	86
	Chapter 8: Emotional Health	
8-1	Percent of Those Saying it is Important to Have Friends and Those Having Close Friends	91
8-2	Helping Friends to Do What They Should Do	91
8-3	Friends Help in Doing What You Should Do	92
8-4	Doing Things Not Wanting to Do Because of Friends	93
8-5	Feeling Good About Oneself	94
8-6	Frequency of Feeling Unhappy	94
8-7	Percent of Those Feeling Unhappy Once a Week or More Often	95
8-8	Types of People Talked to When Feeling Unhappy Reported by Students	96
8-9	Types of People Talked to When Feeling Unhappy Reported by Parents	97
8-10	Relationship Between How Often Students Feel Good About Themselves and Whether They Show Undesirable Health Behavior	98
8-11	Amount of Time to be Devoted to Teaching About Self-Esteem	99
	Appendix A: Methodology	
A-1	School Sample Disposition	104
A-2	Disposition of All Telephone Numbers Called for the Survey of Parents	110
A-3	Approximate Sampling Tolerances (at 95% Confidence) to Use in Evaluating Percentage Results Appearing in This Report	112

Introduction

This report describes the findings from a three-part survey of public school students, teachers, and parents of children attending public schools about the quality and effectiveness of school health education programs. The survey was designed to provide policy makers, education and health leaders, teachers and parents, with sound information on which to base decision-making.

The survey was designed and conducted by Louis Harris and Associates, and commissioned by the Metropolitan Life Foundation. A total of 4,738 students in grades 3 through 12 from 199 public schools around the country completed the survey questionnaire. These questionnaires were administered by Louis Harris and Associates in-person interviewers from February to May 1988. At the same time, one teacher from each of the 199 schools completed the teacher questionnaire of the survey. In addition, between January and March 1988, a total of 500 randomly selected adults who are parents of children attending public schools were interviewed by telephone from the Harris firm's central survey facility located at Rockefeller Center in New York City. The data from the parents' portion were weighted to bring the sample in line with the latest Census Bureau population estimates.*

The survey focused on the knowledge, attitudes, and behavior of school children on a range of health related topics; it also measured what teachers and parents perceive as the level of knowledge, attitudes and behavior on the part of the school children. It covered specific areas regarding how much children know about nutrition, safety, health maintenance, smoking and substance abuse, and AIDS; the state of their emotional health; and the extent of their physical exercise. We also asked about general health related attitudes and motivation, the interest students have in health education, and the scope and duration of health education programs.

Comprehensive health education programs, which cover multi-topics over a series of school years, are designed to promote excellence in school health education. This survey was designed in part to assess the impact of comprehensive programs on the nation's school children.

*A detailed methodology and a copy of each of the three questionnaires are included at the back of this report.

In addition to schools with comprehensive programs in the national sample, there was a list of public schools recognized by a group of selected health education experts for their effort in "maintaining, reinforcing, or enhancing good health, health-related skills, and health attitudes and practices of children and youth."* The survey, therefore, included an oversample of these award-winning schools (referred to as Healthy Me schools in the report), for the purpose of contrasting the impact of their programs with that of other programs in the rest of the country.

Where appropriate and relevant, the data in the report (particularly the students' portion) were broken down by subgroups of gender, school level, health education experience, and other socio-psychological characteristics; and the data from Healthy Me schools were often used for comparison with the national sample.

Accuracy, Sampling Error, and Other Sources of Error

All surveys are subject to a variety of different sources of error, and it is fashionable for the media to include in their reports of surveys phrases such as "This survey has a margin of ±3%." Unfortunately, this valiant attempt to educate readers is more likely to mislead them. Even a census is susceptible to several different sources of error, most of which cannot be accurately estimated.

Even the best designed surveys are liable to a variety of possible sources of error. The most important are:

- **Non-response** (if those who are interviewed differ from those who are not interviewed).
- **Random or sampling error**, which may in theory be substantial, even on very large surveys. Contrary to the impression given by the typical media caveat, there is no way to calculate the maximum possible error for any survey. All we deal in are probabilities.
- **Question wording**, particularly where the survey is measuring an attitude or a future intention and not a "fact." Several equally good questions may yield different (and equally valid) responses. In addition, question sequence can influence the responses, particularly to attitude questions.

*The Initiative to Promote Excellence in School Health Education, 1988. Criteria for selecting and judging these schools are detailed in brochures prepared by Metropolitan Life Insurance Company's Health and Safety Education Division, which administers Healthy Me.

Even in the best survey organizations, human errors can creep in that are virtually impossible to quantify. Such human errors include less than perfect interviewing and inappropriate weighting of the data.

Fortunately, nobody we know believes that polls are infallible. There is certainly nothing wrong with the media reminding their readers and viewers of our fallibility. The results of this survey, therefore, like the results of all surveys and all censuses, are susceptible to a variety of sources of error, some of which cannot be quantified. However, the results do reflect the most reliable information available.

A Note on Reading the Tables

An asterisk (*) on a table signifies a value of less than one-half percent (0.5%). A dash (-) represents a value of zero. Percentages may not always add up to 100% because of computer rounding, multiple answers from respondents, or the elimination of "no answers."

Public Release of Survey Findings

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because data from the survey will be released to the public, any release must stipulate that the complete report is available.

Project Responsibility

The director of this project at Louis Harris and Associates was Humphrey Taylor, President. The chief analyst was Xiaoyan Zhao, Ph.D., Research Associate. She worked under the supervision of Louis Genevie, Ph.D., Research Director.

Louis Harris and Associates would like to thank the Metropolitan Life Foundation for commissioning this research. In particular, we would like to thank Doris Bressler, Dr. Mary James and Barbara Dillon of the Metropolitan Life Insurance Company's Health and Safety Education Division, whose support and consultation in the development of the questionnaires and the report proved most valuable. Responsibility for topics, wording of questions, findings and their interpretation rests solely with Louis Harris and Associates.

Executive Summary

This survey describes the current state of the nation's school health education, identifying where it is successful and where it falls short.

The survey finds that comprehensive health education programs, covering multi-topic and multi-grades, are an effective approach. For the purpose of comparison, this survey included a subsample of schools with exemplary comprehensive health education programs, referred to as Healthy Me schools.* On most of the responses analyzed in this report, Healthy Me school students prove to have more knowledge, better health-related attitudes and behavior than students with no exposure to health classes. In addition, the survey also revealed a linear trend of increase in health-related knowledge and behavior as the number of years of health classes increase for students in the sample of the national cross-section. In some cases, the demarcation between one year of health class and no health class is small, reiterating the need for continuous health education beyond one year to reinforce and enhance health-related knowledge, skills and practices.

Majorities of the students surveyed have learned about various health topics at school, and gained knowledge about the connection between various behaviors and good health. However, 4% of students report not having had any health education, and 18% of students report having had health education for only one grade. This total of 22% represents approximately 8 million public school students across the country who have had little or no health education. It is also important to emphasize that, even for those students with learning experiences in health education, knowledge does not necessarily translate into desirable attitudes and behavior.

Effects of Comprehensive Health Education

Sixty-seven percent of teachers report that their schools have adopted comprehensive health education programs which cover multiple topics over a period of several years in school. However, 15% of teachers report that their schools have only taught single health topics, and as mentioned previously, 18% of students report having had health education for only one grade, and 4% of students have not had health education at all. Survey findings argue strongly for the positive impact of comprehensive health education:

*Procedure and criteria for selecting the Healthy Me schools are discussed in the Introduction and Methodology sections of this report.

- Whereas 43% of students with one year of health education have a drink sometimes or more often, that proportion decreases to 33% for students who have had health education for three years.
- Twenty percent of students with one year of health education smoke a cigarette sometimes or more often, as opposed to 14% among those having had health education for three years.
- In contrast to 13% of students having received health education for one year who have taken drugs a few times or more, only 6% of those with three years of health education have done so.
- The proportion of those who have ridden with a driver who has been drinking decreases from 70% for students with one year of health education to 63% for students with three years of health education.

In all four cases above, the difference between those with no health education and those with one year of health education is not distinct. This reinforces the argument that only continuous health education over several years influences health behavior patterns.

Relevance of Health Education

Initial steps for changing behavior often lie in stimulating students' interest in health education and convincing them that health classes are useful in their daily lives.

- Thirty-two percent of students find health classes more interesting than other classes and 45% say that they are about the same as other classes.
- Interest seems to decline as students have more years of health education—37% of those with one year of health classes as opposed to 32% of those with at least three years say that health classes are more interesting.

This implies that the quality of multi-grade, multi-topic health classes needs to be improved. As shown by Healthy Me schools, where the proportion of students saying that health classes are more interesting goes back to 37%, the good quality of comprehensive health education programs can keep students interested even when these programs extend over a period of several years.

Perceived relevance and usefulness of health education is highest among students who have had three years or more health education.

- Ninety-one percent of students in the three-year group report that they have learned some things at school which have helped them to live a healthier life. This compares to 86% for those with one year of health education and 79% for students with no health education.
- Eighty-one percent of the Healthy Me school students and 74% of students who have had three years of health education report that they have made changes to improve their health, compared to 62% of those who have not had health education.

Curriculum Emphasis and Student Response

What students report they have learned in class is not always what they consider important. For example, 87% of students report that they have learned about drinking yet only 70% think it is important that they do not drink alcohol. Eighty-six percent have learned about smoking; a somewhat lower 79% consider it important not to smoke.

On the other hand, the topic of weight, which receives the least emphasis in health classes, is considered more important by students. Only 52% of students have learned about it, yet 83% consider not being overweight to be very or somewhat important to them. Furthermore, when asked about "motivations for making changes to improve health," students mention most frequently the motivation of "controlling weight."

Parents consider drinking, smoking and drug use among the most important issues relating to their child's health. Teachers also rank these issues as needing the most emphasis in health classes. But neither parents nor teachers share students' concern about the problem of weight. While not being overweight is the third most often mentioned item by students as very important, it drops to the eighth among parents. Teachers rank the problem of weight as needing the least emphasis in health classes.

Safety Issues

Accidents are found to be the gravest threat to children's health and life.* Yet students' knowledge and behavior regarding safety and prevention of accidents is one of the weakest areas in school health education. At least one out of four schools currently are not covering various safety topics in health classes.

- Only 34% of students say that they always wear a seatbelt in the front seat of a car.
- Only 4% say that they wear a helmet when riding a bicycle.
- Only 32% report that they always follow traffic regulations when riding a bicycle.
- Thirty-five percent of students do not know what to do if they choke on food; and 61% have not rehearsed how to leave their home in case of a fire.
- Among students of legal driving age, 48% have driven after having one drink and 67% have ridden with a driver who had been drinking.

The survey shows that students with comprehensive health education tend to be more safety-conscious:

- Forty-four percent of Healthy Me school students report that they always wear a seatbelt in the front seat of a car, compared to 23% among students with no health education.
- Thirty-four percent of Healthy Me school students always follow traffic regulations when riding a bicycle, compared to 21% among those with no health education.

These differences, however, should not disguise the fact that a majority of the nation's students, even those in schools with comprehensive health education, are not safety-conscious.

*National Center for Health Statistics, Public Health Services, U.S. Department of Health & Human Services (1984).

AIDS Prevention

Considerable ignorance is found among junior high and high school students concerning information about AIDS.

- Although most students can identify risk-reducing factors such as not taking illegal drugs with needles (90%) and using a condom when having sex (85%), these numbers still leave many children in a state of dangerous ignorance.
- Furthermore, many students are misinformed about the risks of many safe behaviors. Three out of 10 students believe not sharing a bathroom with an AIDS patient reduces their risk of getting AIDS, and 13% think not being in a classroom with someone who has AIDS reduces the risk.

The topic of AIDS has only recently been introduced into health education classes—only 54% of students say that they have learned about it in class. This report shows that on every AIDS-related question students in Healthy Me schools give more correct answers than those who have had no health classes:

- Ninety-two percent of Healthy Me school students say not taking illegal drugs with needles can reduce the risk, compared to 81% among students with no health education.
- Whereas 21% of students with no health education say not being in a class with someone with AIDS reduces their risk of getting AIDS, only 8% of Healthy Me school students say so.

Parents and teachers both believe that schools should start teaching children about AIDS at an early age although parents are as misinformed as students in the national sample about risk-reducing factors. Approximately half of parents and teachers think that children should begin to learn about AIDS in school at or before the age of 9.

Connection Between Nutrition Knowledge and Practice

The majority of all students know that a nutritious diet leads to good health; yet this knowledge is not reflected in their food-buying and meal patterns.

- Fifty to 85% of students identify high sugar, fat, or salt foods as bad for them if they ate or drank them very often. Very few (3% to 11%) identify fruit, salad, broccoli, and cereal as bad for them.
- However, only 21% of students say that they think a lot about whether the food they choose is good for them. When they shop for snacks or food for themselves, 65% say that they buy candy. Also high on the list are potato chips (44%), soda (44%), gum (27%), and cake and cookies (19%).
- Sizable minorities of students report that they skip meals sometimes. About 19% did not have breakfast on the day the survey was conducted. Twelve percent report that they only sometimes have lunch and 7% only sometimes have dinner.

The amount of health education does not seem to make a distinct difference in whether students think about food choices, what kind of food they buy and whether they skip meals. This supports the argument that there are factors other than knowledge and exposure to health education that enhance or inhibit health behavior.

Importance of Teaching About Emotional Health

In addition to the findings that comprehensive health education experience is a strong influencing factor on students' health knowledge and behavior, this survey also found that positive feelings about oneself and perceived control over one's health lead to desired health practices.

- Students who feel good all the time are less likely than those who only sometimes or never feel good about themselves to skip breakfast (14% vs. 25%), lunch (8% vs. 24%) and dinner (7% vs. 13%).
- Students who think that they have a lot of control over their own health are also less likely to skip meals than students who say that they have very little control. The former group also have a stronger tendency to think about food choices (24% vs. 17%).
- The rate of exercise at school or outside of school is highest among those with consistently positive self images and those who feel that they have a lot of control over their health.

The findings reported here show that students who consistently feel good about themselves and students who feel a lot of control over their own health have better health attitudes and practices than other students, suggesting that emotional health affects other aspects of children's health.

Currently, emotional health topics have not received great emphasis in health classes: 35% of students have not learned about personal feelings and 24% of junior high and high school students have not learned about stress. Thirty-six percent of students report feeling very unhappy once a week or more often, and 27% of those feeling unhappy would not discuss their feelings with anyone.

In times of unhappiness, most students turn to their friends. Sixty-one percent of all students and 76% of high school students report talking to their friends when feeling unhappy. The proportion talking to their mother is 46% for all students and 37% for junior high and 36% for high school students.

- Ninety-seven percent of all students think it important to have friends, and 96% say that they have close friends.
- Furthermore, 87% say that their friends help them to do what they should do, although slightly more than half (52%) of all students sometimes do things they do not want to do because their friends are doing them.

Parental Involvement, Knowledge and Influence

The majority of both teachers and parents believe that parental involvement in children's health education would be of considerable help in encouraging good health habits for children. But currently, parents report not being knowledgeable about the content of health classes. About half of parents do not know what is taught in their children's health classes.

Many parents do not know the extent of drinking, smoking or drug-taking by their children. They report all three behaviors to a much lesser degree than students:

- Whereas 36% of parents report that their child has had at least one alcoholic drink, 66% of students say that they have used alcohol at least once or twice.
- Fourteen percent of parents report that their child has smoked a cigarette, compared to 41% of children who say that they have smoked a cigarette.
- Five percent of parents say that their child has used drugs and 17% of students report that they have used drugs.

In addition, parents are ill-prepared to inform their children about safety because many show a lack of relevant knowledge with regard to accidents and many are not good role models in automobile safety measures.

Parents share the same concerns as educators about the importance of comprehensive health education. If they were better informed about health class content, students would no doubt benefit.

This survey has examined whether comprehensive health education is indeed a special kind of health education which provides a greater benefit to students who are a part of it. The results appear to be consistent in favor of comprehensive health education, that which covers multiple health topics in an integrated way throughout multiple grades. It must be noted, in addition, that larger proportions of teachers in Healthy Me schools (those offering exemplary comprehensive health education programs) acknowledge strong support from school administrators, school board members, parents, and other community groups. An important message of the survey is that the best benefits are realized when there is a joint effort not only of students and teachers, but also of administrators, other professionals, and community business leaders.

Chapter 1

The Current State of Health Education in Schools

Health has been a topic of instruction in public schools for decades, but comprehensive health education programs have been promoted and implemented on a large scale only since the 1980s. Yet a majority (67%) of the schools surveyed have already implemented such programs (Table 1-1), and 85% of the teachers have at least some familiarity with these particular types of health education programs (Table 1-2).

Whereas most of the schools teach health as a separate subject (82%), 13% of the schools include health instruction as part of some other class. However, 4% of the students surveyed report receiving no health education of any kind in schools, a figure that represents approximately 1.6 million school children across the country (Table 1-3).

Among those who have had health education as a separate class subject, 22% have had it in only one grade, 26% in two grades and 52% have had health education in more than two grades (Table 1-4).

More elementary school students (63%) have had more than two grades of health education than junior high school students (56%). Thirty-two percent of high school students have had only one grade of health education, compared to 15% of elementary school students and 23% of junior high school students.

Observation

Since comprehensive health education is a relatively new phenomenon in public schools, students who have been in the system longer than others, i.e. high school students, have not had the advantage of getting multi-grade health education, nor have their schools caught up in providing them with multi-grade health education.

Extent of Health Education

For those who do receive health education in schools, what is the range of topics they are exposed to? As shown in Table 1.5, topics of substance abuse rank at the top of the list: 90% of the students have learned about drug abuse, 87% about drinking, and 86% about smoking. Nutrition and exercise have also received extensive coverage: more than 80% of the students report having learned about these two topics in schools.

The topics that deal with safety and prevention of accidents, on the other hand, seem to be on the lower end of the priority list for school health educators. As Table 1-5 indicates, more than a quarter of the students have not learned what to do if someone chokes on food, about safety at home, school, or play, or what to do if a stranger approaches them.

The topic of appropriate weight for children and youth is the most neglected in school health education programs. Only about half of the students have learned about the problems of being overweight and slightly more than half of the junior high and high school students have learned about the problems of being underweight (See Table 1-5).

Importance of Health Issues to Parents, Students and Teachers

Parents, teachers and students all place personal importance on the topics of drug use and cigarette smoking. Over 90% of parents say that it is very important that their child does not take drugs, drink alcohol or smoke cigarettes (See Table 1-6).

However, more students place personal importance on not being overweight (60%) than not drinking alcohol (52%), as shown in Table 1-7. This contrasts to the fact that only 52% of students report having learned about the problem of being overweight and that 87% of them have learned about drinking (See Table 1-5).

More parents think it very important that their child eats breakfast everyday (87%) than that he or she not be overweight (76%).

Teachers recommend classroom emphasis on alcohol or drug abuse (85% in Table 1-9), though they do not consider not drinking alcohol particularly important to themselves (47% in Table 1-8). Only 44% of teachers think a great deal of emphasis should be placed on the problem of being overweight in classrooms, although they share students' feeling that this topic is personally very important (67%).

Observation

The importance placed by teachers and by parents on various topics is not always shared by students. Teachers also place personal importance on topics that differ somewhat from the emphasis they recommend for classroom instruction. On the topic of alcohol use, for instance, teachers emphasize the harmful effects of drinking; yet a minority of teachers and students do not consider it very important that they abstain from alcohol.

Quality of Health Education

As indicated in Table 1-10, while 45% of the students say that they find health education classes as interesting as other classes, more students find them more interesting than less interesting (32% vs. 24%). In comparison, smaller percentages of students who have had health education for two years or more than two years report that their health classes are more interesting (33% and 32%). An overwhelming majority (91%) find health education classes useful in dealing with their own health (Table 1-11).

As shown in Tables 1-12 and 1-13, 83% of health teachers have received pre-service professional preparation in health education at an accredited institution, but of teachers who do not teach health, 58% also have received such preparation. Seventy-seven percent of health teachers have received in-service training either at a college/university, at a community agency, or within the public school system. And that proportion is 38% among those who are not teaching health currently.

Although a majority of the teachers say their schools support the health education program either very or somewhat strongly, a sizable 20% indicate a lack of support from the school for health education (Table 1-14). For Healthy Me schools, however, 71% of the teachers report very strong school support and 22% somewhat strong support. No teachers from Healthy Me schools say that their schools do not give support at all and only 5% indicate not so strong support from their schools.

Given the extent and quality of health education as described above, it is not surprising that a majority of the teachers (71%) rate their school's health education program as excellent or good (Table 1-15). At the other end of this delivery system, parents of children who are in public schools share similar perceptions as their teachers: 78% of the parents think that their child's school health education is either excellent or good.

A minority of the parents (19%) and teachers (28%) have given low ratings to school health education. Nevertheless, this report will seek to find out, among other things, what it is in the current state of health education that has caused dissatisfaction for this sizable minority.

Observation

A study conducted by American School Health Association in 1985 found that 24 states (47%) did not require health education to be taught. This Harris survey revealed, however, that there is a growing awareness of the need for comprehensive health education among public schools. A majority of teachers report that they are familiar with comprehensive health education, that their schools have adopted multi-topic, multi-grade health education programs, and that they have had some training in health education. The building blocks, therefore, are in place for carrying out comprehensive health education programs. This report addresses how effective such programs are in teaching students health-related knowledge, attitudes and behavior.*

* *School Health in America* (1985)

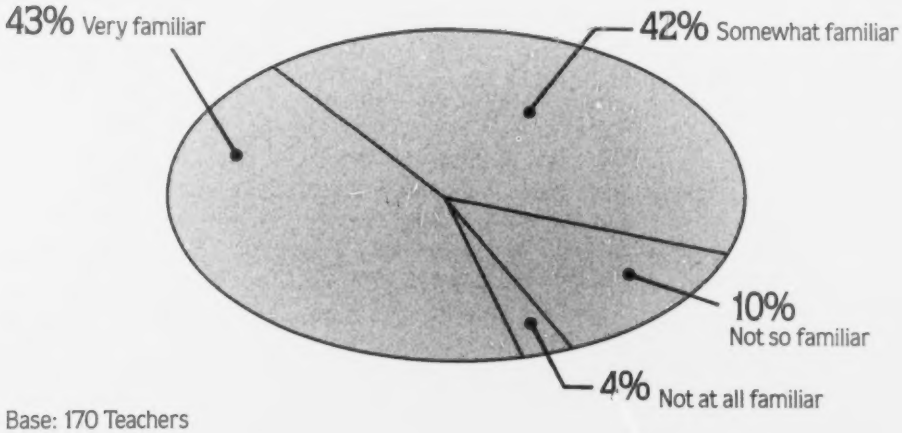
Table 1-1 Types of health education programs implemented in schools as reported by teachers

Q Which of the following types of health education programs do you have in your school?

Base: 170 Teachers	Types of Health Education Programs
Comprehensive	67%
Single topic	15
District planned	38
Program developed by other agency	23
Text/readings only	19

Table 1-2 Teachers' familiarity with comprehensive health education

Q By comprehensive health education, we mean a multi-topic, multi-grade health education program over several years. How familiar are you with this form of health education?



Base: 170 Teachers

Table 1-3 Health education class arrangement

Q Have you ever had any class in health education as a separate subject?

Q Have you had health education as part of some other class?

Base: 3784 Students	Health Class Arrangement
As a separate subject	82%
As part of other classes	13
No health education	4

Note: Those that answer "no" to Q.G1 and "yes" to Q.G4 are categorized as having had health education as part of other classes. Those that have answered "no" to both questions are categorized as having had no health education.

Table 1-4 Number of years of health education by school level

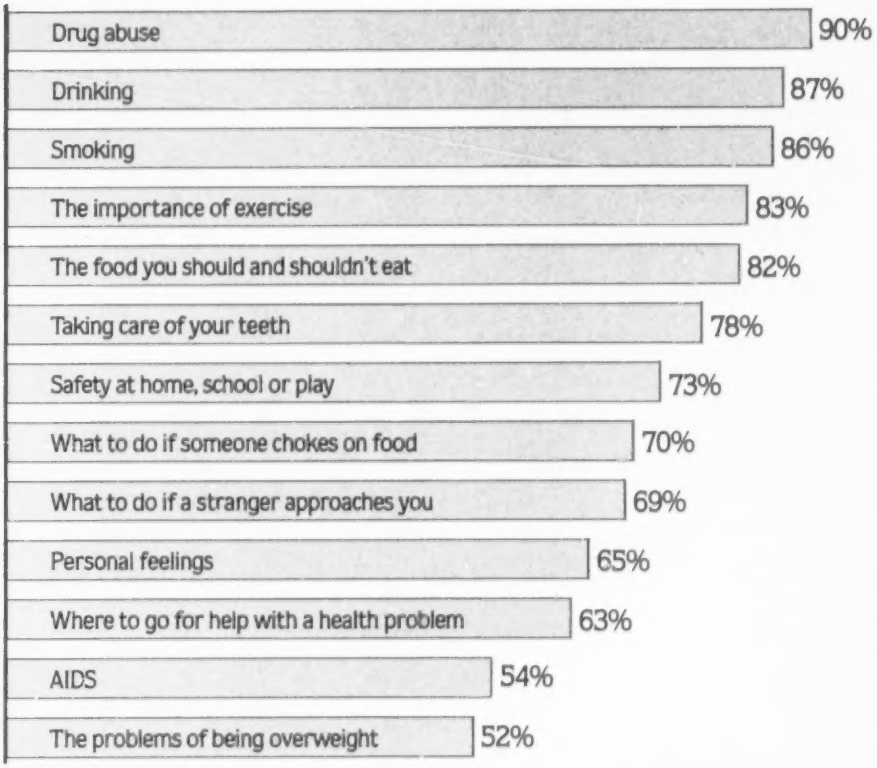
Q Have you ever had health in just one grade, two grades, or more?

Base: Students who have had health education as a separate subject.	Total	Elementary School	Junior High	High School
	3094	1272	927	895
One year	22%	15%	23%	32%
Two years	26	23	22	34
More than two years	52	63	56	33

Table 1-5 Percent of those having learned about health topics

Q Which of the following have you learned in class at school?

Base: 3796 Students


Drug abuse 90%
Drinking 87%
Smoking 86%
The importance of exercise 83%
The food you should and shouldn't eat 82%
Taking care of your teeth 78%
Safety at home, school or play 73%
What to do if someone chokes on food 70%
What to do if a stranger approaches you 69%
Personal feelings 65%
Where to go for help with a health problem 63%
AIDS 54%
The problems of being overweight 52%

Base: 1969 Students (Grade 7th-12th)

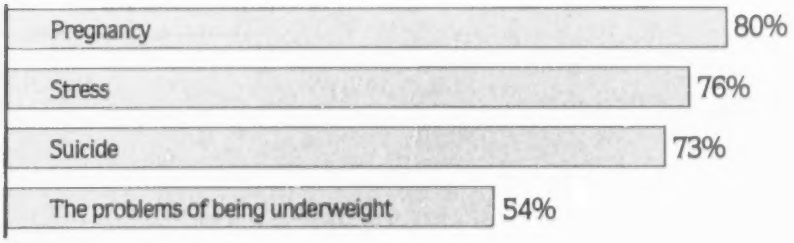


Table 1-6 What parents perceive as very important health topics for their children

Q How important is it to you that your child...?

Base: 500 Parents

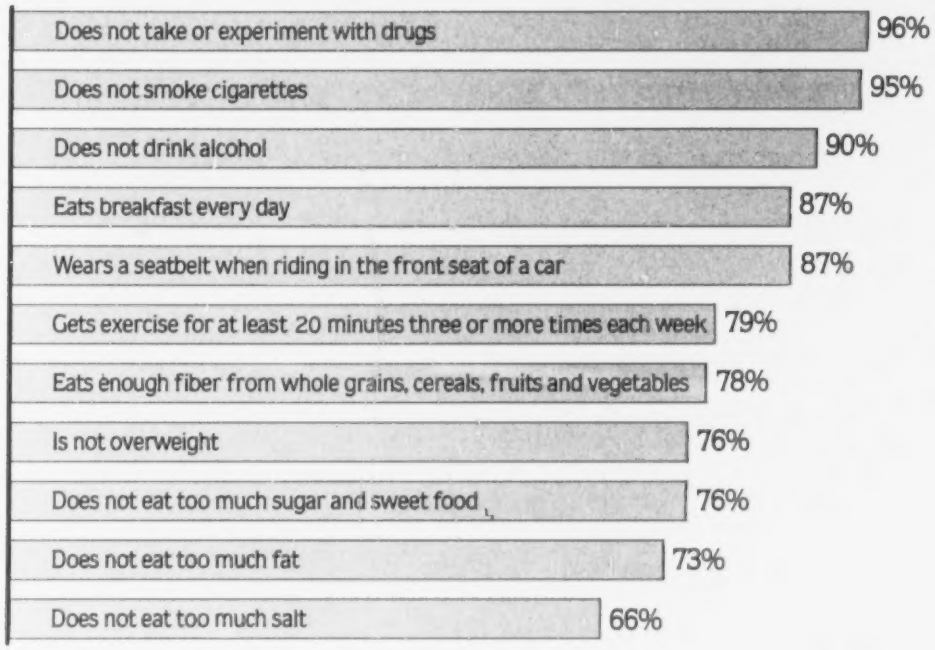

Does not take or experiment with drugs
96%
Does not smoke cigarettes
95%
Does not drink alcohol
90%
Eats breakfast every day
87%
Wears a seatbelt when riding in the front seat of a car
87%
Gets exercise for at least 20 minutes three or more times each week
79%
Eats enough fiber from whole grains, cereals, fruits and vegetables
78%
Is not overweight
76%
Does not eat too much sugar and sweet food
76%
Does not eat too much fat
73%
Does not eat too much salt
66%

Table 1-7 Personal importance of various health topics to students

Q How important is each of the following to you?

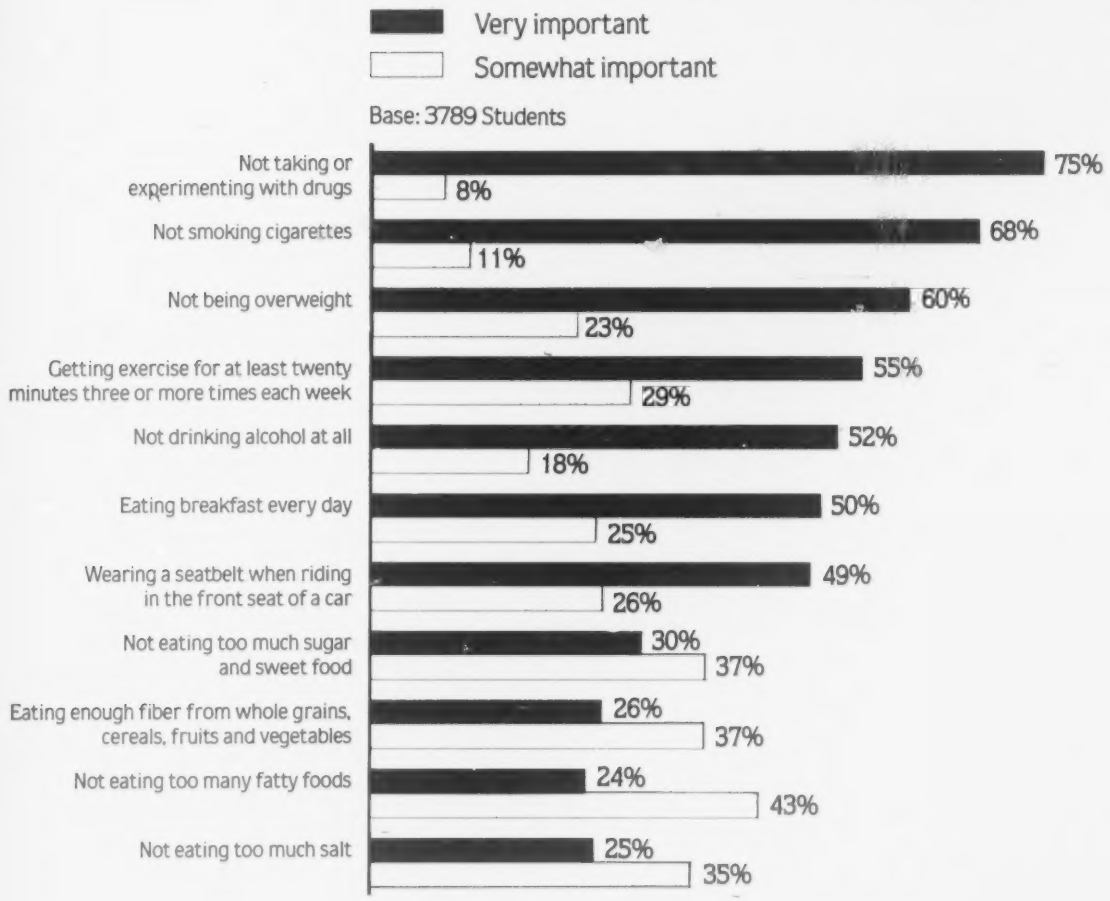


Table 1-8 Personal importance of various health topics to teachers

Q This question is about yourself. How important is each of the following items to you?

Base: 170 Teachers	Very Important
Not taking or experimenting with drugs	95%
Not smoking cigarettes	87
Wearing a seatbelt when riding in the front seat of a car	74
Not being overweight	67
Getting exercise for at least twenty minutes three or more times each week	66
Eating enough fiber from whole grains, cereals, fruits and vegetables	60
Not eating too much salt	59
Not eating too many fatty foods	57
Not eating too much sugar and sweet food	54
Eating breakfast every day	49
Not drinking alcohol	47

Table 1-9 Topics of emphasis in health education

Q How much emphasis should be placed on each of the following for your students?

A Great Deal

Base: 170 Teachers

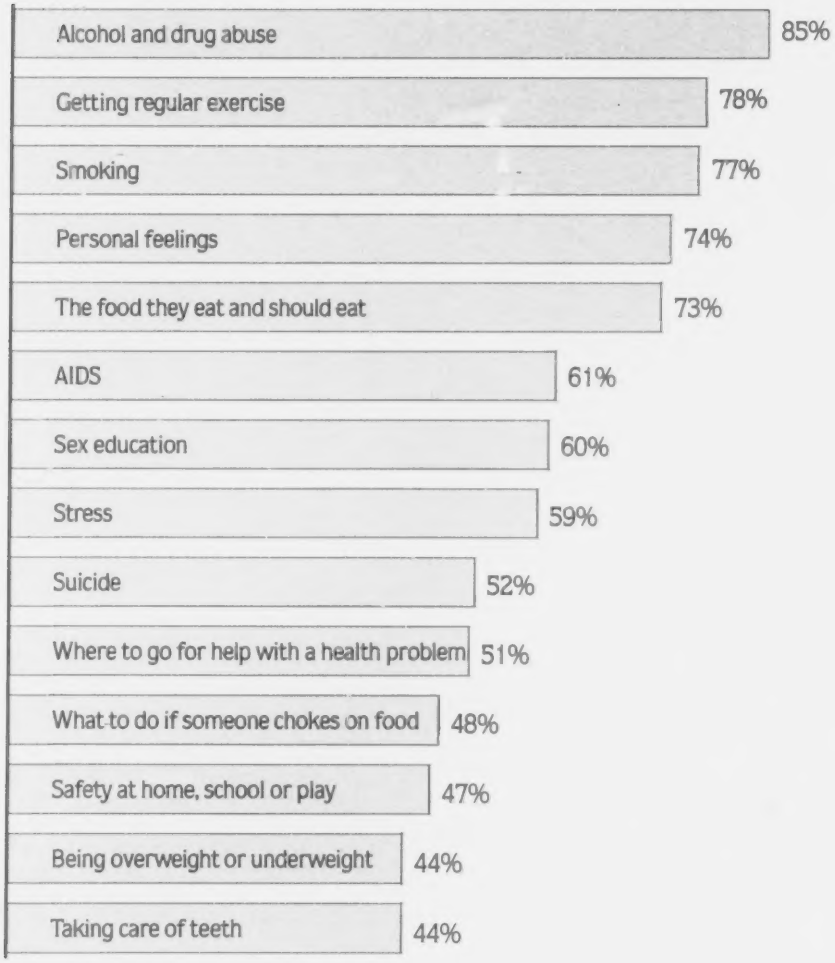

Alcohol and drug abuse 85%
Getting regular exercise 78%
Smoking 77%
Personal feelings 74%
The food they eat and should eat 73%
AIDS 61%
Sex education 60%
Stress 59%
Suicide 52%
Where to go for help with a health problem 51%
What to do if someone chokes on food 48%
Safety at home, school or play 47%
Being overweight or underweight 44%
Taking care of teeth 44%

Table 1-10 Student interest in health classes vs. other classes

Q Do you find health classes more or less interesting than other classes?

	Base	More Interesting Than Other Classes	Same as Other Classes	Less Interesting Than Other Classes
Total Students	**3788**	**32%**	**45%**	**24%**
Gender				
Girl	1895	36	46	18
Boy	1893	28	43	29
School Level				
Elementary	1505	33	46	20
Junior high school	1216	29	43	29
High school	1067	33	44	22
Health Education Experience				
Health education as part of other classes	485	26	48	26
Separate/one year	691	37	40	23
Separate/two years	800	33	47	21
Separate/three years or more	1596	32	44	24
Healthy Me Schools	923	37	43	21

Table 1-11 Student assessment of the usefulness of health classes

Q Do you find them useful?

Base: 3774 Students

Useful	91%
Not useful	9

Table 1-12 Teacher professional preparation in health education

Q Have you received professional preparation in health education at an accredited institution?

	Base	Yes
Total Teachers	170	79%
Teaching of Health		
No	24	58
Yes	144	83

Table 1-13 Teacher training in health education

Q Have you received in-service training in health education?

	Base	Yes
Total Teachers	170	71%
Teaching of Health		
No	24	38
Yes	144	77

Table 1-14 School support for health education

Q How strongly does your school support its health education program?

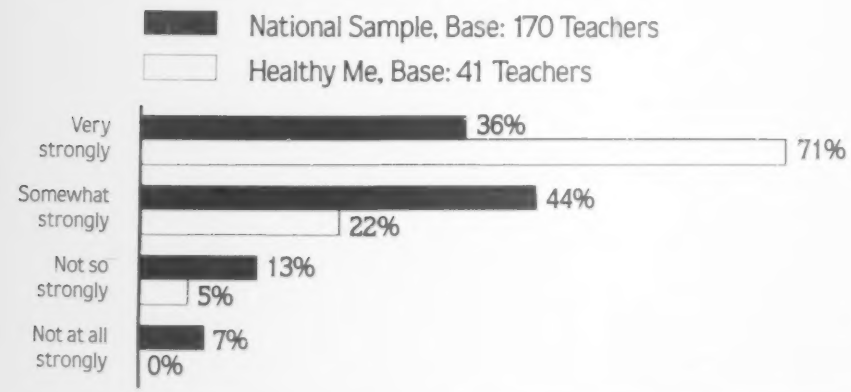


Table 1-15 Health education programs as rated by teachers and parents

Q Overall, how would you rate your own school's health education program?

Q How would you rate your child's health education at school—excellent, good, fair, or poor?

	Parents		National Sample Teachers		Healthy Me Teachers	
Base	500		170		41	
Excellent	21%	78%	16%	71%	68%	90%
Good	57		55		22	
Fair	16		19		7	
Poor	3		9		0	

Chapter 2

Health Maintenance, Exercise, and Weight Control

This chapter will report on students' general health maintenance behavior and attitudes; look at the extent to which health maintenance behavior of exercise, weight control, personal hygiene and medical checkup has been practiced; and examine the factors that influence such behavior.

General Health Maintenance Behavior

A majority (88%) of students agree that they have learned some things at school which have helped them to live a healthier life. This agreement is the lowest (79%) among those that have not had any health education at school and the highest (91%) among those with three or more years of school health education (Table 2-1).

Seventy-three percent of students report that they have made changes to improve their health. That proportion is again the lowest for those with no school health education (62%), compared to 81% for Healthy Me school students (Table 2-2).

Table 2-3 indicates a similar pattern with regard to perceived self-control over one's own health. On the average, 63% of students think that they have a lot of control over their health. Whereas 60% of the students with no health education say that they have a lot of control over their own health, 70% of the Healthy Me school students say so.

Observation

It is shown that having comprehensive health education results in more positive attitudes and behavior with regard to general health maintenance than having no health education; and having more years of health education is more effective than fewer years.

Exercise and Weight Control

As shown in Table 2-4, a majority of students (80%) exercise/play at school at least 3 times a week; a majority of students (77%) also exercise/play outside of school at least 3 times a week.

As shown in Table 2-5, students with no health education and students with only one year of health education are less likely to exercise outside of school three times a week (74% and 72%) than those with three years or more of health education (80%).

When the survey examines the types of changes junior high and high school students report having made to improve their health, exercising appears to be the most frequent item (Table 2-6). Among those who have made changes, 45% have resorted to general exercising, 9% to jogging and 7% to weight lifting.

As Table 2-7 indicates, weight control is one of the two most-mentioned motivations behind behavioral changes. Twenty percent of the students having made changes say that they have done so in order to control weight. It is worthwhile to recall that the problems of being overweight and underweight have not been discussed in health classes as extensively as other topics (See Table 1-5). Yet weight control stands out as one of the most motivating factors in inducing healthier behavior.

Personal Hygiene and Medical Checkup

Table 2-8 shows that 67% of the students brush their teeth twice a day or more often and 26% do it once a day. But 7% report that they brush their teeth either less than once a day or never. Table 2-9 shows that boys tend to neglect teeth-brushing more than girls (9% vs. 4%); and those who say they have very little or no control over their own health are also more likely to neglect it than those with more control (16% vs. 8% and 5%).

The biggest difference is found between those with no health education and the rest who have had some kind of health education. Seventeen percent of the former group report that they brush their teeth less often or never, as compared to a range of 5%-8% for the other subgroups.

As Table 2-10 reports, 46% of the students have a dental treatment or checkup more than once a year and 30% have it annually. It is the 4% who go to a dentist every 5 years or less often and the 8% who have never been to a dentist that should be cause for concern because this figure of 12% represents about 4.7 million students all over the country.

Table 2-10 also shows that students who have not had health education have the lowest rate of dental checkup. Only 37% of them have a dental checkup more than once a year, as compared to the highest rate of 54% registered for the Healthy Me school students. Students who have had health education class for three years or more also show a higher rate of 50%.

Ninety-four percent of students report that they have had a hearing test and 95% have had an eye examination (Tables 2-11 and 2-12). Eighty-three percent of the students say that they have a personal doctor (Table 2-13). Except in the case of reporting having personal doctors, no major differences are found between the Healthy Me schools and the national sample schools. However, students with no school health education experience report a lower rate in all three cases. Fewer of these students, as compared to the national sample totals, have had hearing tests (88% vs. 94%), eye exams (90% vs. 95%) and personal doctors (76% vs. 83%).

Family Background As an Influencing Factor

Usually, a child's visits to the dentist or the doctor are arranged through his/her parents. It is appropriate then to look at how parental characteristics affect a child's health maintenance behavior or medical checkups.

Table 2-14 indicates that children of parents with at least some college education are more likely to have had a hearing test than those children whose parents have only high school or less education (93% vs. 86% or 80%). As parents' income increases, their children are also more likely to have had a hearing test, although families of middle income brackets tend to have comparable fractions.

As shown in Table 2-15, over 90% of the parents with high school or more education say that their children have had an eye examination compared to only 84% of the parents who did not graduate from high school who say so. The rates of children who have had an eye examination also shows a steady increase at each level of parental income.

Also prominent is the higher rate of negligence regarding dental checkup among children whose parents are less educated and who have a low income (Table 2-16). Whereas only 4% of the cross-section say that their children either go for a dental checkup every five years or never go, 9% of the parents with less than high school education and 8% of the parents with an annual income of $15,000 and under report so.

Table 2-1 Health education and a healthier life

Q Do you agree or disagree with these statements?

I have learned some things at school which have helped me to live a healthier life.

	Base	Agree
Total Students	3794	88%
Health Education Experience		
No health education	155	79
Health education as part of other classes	492	85
Separate subject/one year	693	86
Separate subject/two years	796	87
Separate subject/three years or more	1591	91
Healthy Me Schools	917	89

Table 2-2 Percent of those having made changes to improve health

Q Have you ever made changes to improve your health?

Base: Grade 7th-12th	Base	Yes
Total Students	**2288**	**73%**
Health Education Experience		
No health education	**114**	**62**
Health education as part of other classes	**323**	**71**
Separate subject/one year	**494**	**75**
Separate subject/two years	**510**	**74**
Separate subject/three years or more	**809**	**74**
Healthy Me Schools	**539**	**81**

Table 2-3 Degree of personal control over health

Q How much control do you think you have over your own health?

	Base	A Lot	Some	Very Little/ None
Total Students	3793	63%	31%	5%
Health Education Experience				
No health education	156	60	30	10
Health education as part of other classes	493	62	31	7
Separate subject/one year	691	65	29	6
Separate subject/two years	796	62	33	4
Separate subject/three years or more	1589	65	31	4
Healthy Me Schools	919	70	26	4

Table 2-4 Frequencies of exercise and play at school and outside of school

Q How often do you get exercise and play at school?

Q How often do you get exercise and play outside of school?

	At School	Outside of School
Base: Students	3804	3803
Almost every day	68%	62%
3 times a week	12	15
Twice a week	6	8
Once a week	2	6
Less often	11	9

Table 2-5 Percent of those exercising and playing outside of school once a week or less often

Q How often do you get exercise and play outside of school?

	Base	Exercise Outside of School Three Times A Week Or More
Total Students	3804	77%
Gender		
Girl	1902	71
Boy	1901	83
School Level		
Elementary	1511	83
Junior high school	1222	78
High school	1071	67
Control Over Own Health		
A lot	2401	81
Some	1181	71
Very little or none	204	58
Health Education Experience		
No health education	156	74
Part of other classes	494	75
Separate/one year	693	72
Separate/two years	797	75
Separate/three years or more	1595	80
Healthy Me Schools	920	77

Table 2-6 Five most-mentioned changes made to improve health

Q What did you do?

Base: 1670 Students who have made changes to improve health

Exercising	45%
Jogging	9
Weight lifting	7
Healthier foods	28
Dieting	15

Table 2-7 Motivations for making changes to improve health

Q Why did you make those changes?

Base: 1668 Students who have made changes to improve health

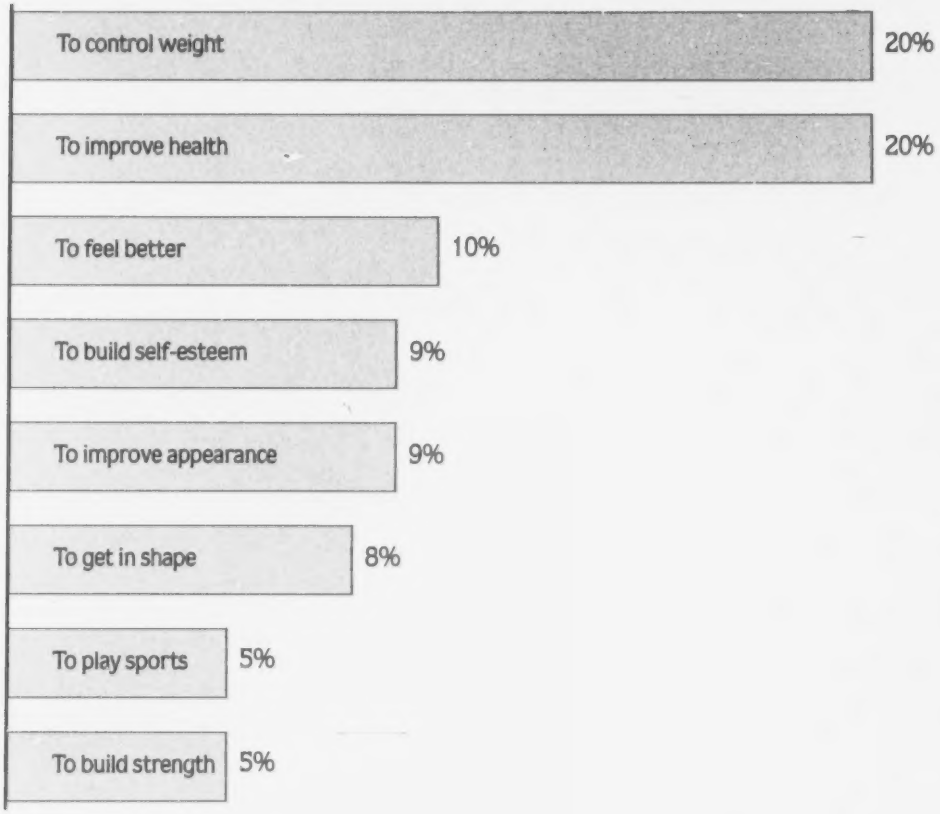


Table 2-8 Frequency of brushing teeth

Q How often do you brush your teeth?

Base: 3805 Students

Twice or more times a day	67%
Once a day	26
Less than once a day	5
Never	2

Table 2-9 Percent of those brushing their teeth less than once a day or never

Q How often do you brush your teeth?

	Base	Less Than Once a Day/Never
Total Students	3805	7%
Gender		
Girl	1903	4
Boy	1902	9
School Level		
Elementary	1510	8
Junior high school	1224	6
High school	1071	5
Control Over Own Health		
A lot	2399	5
Some	1180	8
Very little or none	204	16
Health Education Experience		
No health education	155	17
Part of other classes	493	8
Separate/one year	689	7
Separate/two years	799	5
Separate/three years or more	1599	6
Healthy Me Schools	921	9

Table 2-10 Frequency of dental checkup

Q How often do you go to the dentist for treatment or a checkup?

	National Sample						
	Total	No Health Education	Health Education as Part of Other Classes	Separate Class/ One Year	Separate Class/ Two Years	Separate Class/ Three Years or More	Healthy Me Schools
Base: Students	3807	155	494	693	797	1597	920
More often than once a year	46%	37%	43%	45%	45%	50%	54%
Once a year	30	30	32	29	31	29	30
Every two years	7	10	7	8	8	6	6
Every three or four years	4	2	4	5	6	4	3
Every five years or less often	4	5	5	6	3	4	3
Never	8	15	9	7	6	8	4

Table 2-11 Percent of those who have had hearing tests

Q Have you <u>ever</u> had a hearing test?

	National Sample						
	Total	No Health Education	Health Education as Part of Other Classes	Separate Class/ One Year	Separate Class/ Two Years	Separate Class/ Three Years or More	Healthy Me Schools
Base: Students	3803	155	491	694	797	1599	923
Yes	94%	88%	95%	95%	96%	94%	96%

Table 2-12 Percent of those who have had eye examinations

Q Have you ever had an eye examination?

	National Sample						
	Total	No Health Education	Health Education as Part of Other Classes	Separate Class/ One Year	Separate Class/ Two Years	Separate Class/ Three Years or More	Healthy Me Schools
Base: Students	3809	156	494	692	800	1597	922
Yes	95%	90%	96%	97%	95%	96%	96%

Table 2-13 Percent of those having personal doctors

Q Is there a doctor who knows you?

	National Sample						
	Total	No Health Education	Health Education as Part of Other Classes	Separate Class/ One Year	Separate Class/ Two Years	Separate Class/ Three Years or More	Healthy Me Schools
Base: Students	3795	156	491	691	795	1593	918
Yes	83%	76%	85%	84%	83%	84%	88%

Table 2-14 Child's hearing test history by parent education and income

Q Has your child ever had a hearing test or not?

	Base	Yes, Child Has Had a Hearing Test
Total Parents	500	87%
Education		
Less than high school	115	80
High school	194	86
Some college	90	93
College and postgraduate	100	93
Income		
$15,000 and under	88	82
$15,000-$25,000	107	87
$25,000-$35,000	113	89
$35,000-$50,000	86	86
$50,000 and over	76	94

Table 2-15 Child's eye examination history by parent education and income

Q Has your child ever had an eye examination or not?

	Base	Yes, Child Has Had an Eye Examination
Total Parents	500	90%
Education		
Less than high school	115	84
High school	194	91
Some college	90	93
College and postgraduate	100	94
Income		
$15,000 and under	88	89
$15,000-$25,000	107	85
$25,000-$35,000	113	92
$35,000-$50,000	86	90
$50,000 and over	76	99

Table 2-16 Child's dental checkup frequency by parent education and income

Q How often does your child go to the dentist for treatment or a checkup—more than once a year, once a year, every two years, every three or four years, every five years or more, or never?

	Base	Child Goes Every 5 Years or Never Goes
Total Parents	500	4%
Education		
Less than high school	115	9
High school	194	6
Some college	90	0
College and postgraduate	100	1
Income		
$15,000 and under	88	8
$15,000-$25,000	107	6
$25,000-$35,000	113	6
$35,000-$50,000	86	2
$50,000 and over	76	1

Chapter 3

Nutritional Knowledge and Behavior

In order to understand what children really know about good nutrition, we asked a series of questions about healthy and unhealthy eating habits, focusing on how much children know about what is and what is not healthy, as well as the extent to which their own behaviors conform to a healthy and nutritional life style.

Students' Understanding of the Connection Between Health and Good Nutrition

To address this question we provided a list of food items and asked children whether or not each would be bad for them if they ate or drank it very often. Table 3-1 shows that the majority (54% to 85%) of children identify high, refined sugar foods and other less nutritional foods, such as chocolate, milk shakes and ice cream, along with various snack foods, such as potato chips and french fries as bad for them if they ate or drank them very often. Very few (3% to 15%) identify fruit, salad, broccoli, cereal, chicken, and fish as bad for them.

While majorities do recognize the difference between high sugar and fat foods and more wholesome nutrition, clearly there is much room for improvement. Generally speaking the Healthy Me schools lead the way in recognizing the deleterious effect of high salt, sugar and fat foods in greater proportion than do the national sample of school children. They are also less likely to mis-identify wholesome foods as being bad for them. Children who have no health education classes are least able to identify high sugar and fat foods as being bad for them and more likely to think that chicken, salad and broccoli would be bad for them if they ate them too often (See Table 3-1).

Observation

The connection between good nutrition and health is understood by a majority of the nation's school children. However, much room for progress remains.

Sizable minorities (15% to 46%) do not understand the connection between eating too much high sugar and fat food and good health.

In addition, more than one out of ten school children identify wholesome foods like broccoli, cereal, chicken, and fish as being unhealthy for them.

Thinking About Food Choices

As shown by the data in Table 3-2, the nation's school children have a long way to go in putting their nutritional knowledge into practice. When answering how often they think about whether or not the food they choose is good for them, only about one in five indicate that they do. Those attending Healthy Me schools are more likely (26%) to think about the health consequences of the foods they choose.

Elementary school children are more likely than either junior high or high school students to indicate that they think about the health consequences of the foods they eat. Least likely are junior high school students, only 15% of whom report that they think about how the food they choose affects them healthwise.

Children who feel they do have a lot of control over their own health are more likely (24%) to think whether or not the foods they choose are good for them, as compared to those reporting only some control (14%) and those reporting very little or no control (17%).

Observation

Communicating the connection between good nutrition and good health needs improvement. The connection that students make between good nutrition and their own health, needs even greater improvement.

Only about 21% of all students think a lot about whether the food they choose is good for them.

Those who have health education courses, and those who feel that they have control over their own health are more likely to think about the food that they choose.

Food and Snack Choices

When left to their own devices, more children will choose candy than any other food (65%). Also high on the children's desirability list are potato chips and popcorn (44%), soda (40%), gum (27%), and cake and cookies (19%). At the other end of the continuum are the more wholesome foods like milk, vegetables, salad, bread and fruit, bought by between 2% and 6% (See Table 3-3).

As shown in Table 3-4, children in the Healthy Me schools are less likely to buy high sugar and salt foods than school children generally. For the items of candy, potato chips and soda, students who have not had health education in school are more likely to buy them as compared to the national sample average, by a margin of 7% to 13%.

Meal-Skipping Patterns

Almost one in five (19%) report that they do not have breakfast at all (Table 3-5). Children in the Healthy Me schools, are relatively equal in this regard (19%). However, children who have no health class are much more likely to skip breakfast (26%); the tendency is also higher for those that have had health class for only one year. In addition, girls are more likely to skip breakfast than boys (21% vs. 17%), and high school students are much more likely to skip this meal than elementary school children (27% vs. 10%).

The majority of children have both lunch and dinner every day. However, sizable minorities report that they sometimes do not have lunch or dinner (Table 3-6). About 36% report that they eat lunch inconsistently, and about 23% report some level of inconsistency with respect to eating dinner or an evening meal. Although only 1% report that they never have lunch or dinner, 12% report that they only sometimes have lunch and 7% report that they only sometimes have dinner. As indicated in Table 3-7, Healthy Me schools do slightly better in this regard than do the nation's schools generally. And those children who do not have health education classes are more likely to have inconsistent lunch habits as compared to the national sample total (19% vs. 4%).

Girls and those in high school are the most likely to not have lunch or dinner, while boys and those in elementary school are least likely to do so (See Table 3-7). Those reporting very little or no control over their own health tend to skip lunch more than those with a lot of control (18% vs. 12%); they also skip dinner more (20% vs. 6%).

Observation

While much improvement needs to be made in helping children make the connection between good nutrition, good health and their own purchasing behavior, Healthy Me schools are clearly leading the way.

Students who feel that they have control over their health also tend to have healthier meal patterns than those feeling little or no control.

Table 3-1 Percent of those perceiving food items as unhealthy

Q Which of the following would be bad for you if you ate or drank it very often?

	National Sample						
	Total	No Health Education	Health Education as Part of Other Classes	Separate Class/ One Year	Separate Class/ Two Years	Separate Class/ Three Years or More	Healthy Me Schools
Base: Students	3738	150	487	682	789	1570	907
Chocolate	85%	77%	87%	83%	85%	86%	89%
Potato chips	76	70	76	75	78	77	83
Hamburger and french fries	64	55	61	65	66	64	72
Milkshake	58	52	60	54	61	59	63
Ice Cream	54	45	57	50	54	56	60
Fish	15	13	15	13	13	17	12
Chicken	14	17	12	12	14	15	10
Cereal	11	11	10	9	11	11	10
Broccoli	10	16	11	10	9	11	8
Salad	5	8	5	4	4	5	4
Fruit	3	5	3	2	3	3	2

Table 3-2 Percent of those who think about food choices a lot

Q When you are choosing what to eat, how often do you think about whether the food you choose is good for you?

	Base	Think About Food Choice A Lot
Total Students	3804	21%
Gender		
Girl	1903	23
Boy	1901	19
School Level		
Elementary	1511	25
Junior high school	1226	15
High school	1067	21
Control Over Own Health		
A lot	2397	24
Some	1182	14
Very little or none	204	17
Health Education Experience		
No health education	156	19
Part of other classes	494	21
Separate/one year	690	20
Separate/two years	799	20
Separate/three years or more	1596	21
Healthy Me Schools	922	26

Table 3-3 Types of food bought last week

Q What types of food, snack or candy did you buy?

Base: 2205 Students who bought food/snack/candy last week	Foods Bought in Last Week
Candy	65%
Potato chips/popcorn	44
Soda	40
Gum	27
Cake/cookies	19
Meat (steak/hamburger)	12
Ice cream	11
Fruit	6
Pizza	6
Bread	4
Milk	4
Vegetables/salad	3
French fries	3
Other dairy	3
Nuts	2

Table 3-4 Five foods most bought by health education experience

Q What types of food, snack, or candy did you buy?

Base: Bought food/snacks/candy last week

	National Sample						
	Total	No Health Education	Health Education as Part of Other Classes	Separate Class/ One Year	Separate Class/ Two Years	Separate Class/ Three Years or More	Healthy Me Schools
Base: Students	2205	81	267	408	467	749	520
Candy	65%	72%	66%	63%	65%	65%	64%
Potato chips	44	57	43	45	41	45	36
Soda	40	49	46	39	37	40	33
Gum	27	25	28	26	28	26	26
Cake/cookies	19	15	22	19	18	19	24

Table 3-5 Percent of those who did not have breakfast

Q What did you have for breakfast today?

	Base	Had Nothing for Breakfast
Total Students	3792	19%
Gender		
Girl	1899	21
Boy	1993	17
School Level		
Elementary	1503	10
Junior high school	1221	21
High school	1068	27
Control Over Own Health		
A lot	2388	17
Some	1179	21
Very little or none	204	20
Health Education Experience		
No health education	156	26
Part of other classes	492	19
Separate/one year	688	22
Separate/two years	797	17
Separate/three years or more	1591	16
Healthy Me Schools	919	19

Table 3-6 Frequencies of having lunch and dinner

Q Do you have lunch...?

Q Do you have dinner or an evening meal...?

Base: 3804 Students	Lunch	Dinner
Every day	63%	77%
Almost every day	24	16
Sometimes	12	7
Never	1	1

Table 3-7 Percent of those having lunch and dinner sometimes or never

Q Do you have lunch...?

Q Do you have dinner or an evening meal...?

	Base	Lunch Sometimes/ Never	Base	Dinner Sometimes/ Never
Total Students	3804	14%	3808	8%
Gender				
Girl	1902	17	1904	9
Boy	1902	10	1904	7
School Level				
Elementary	1510	7	1513	7
Junior high school	1226	17	1227	7
High school	1068	20	1068	9
Control Over Own Health				
A lot	2398	12	2400	6
Some	1183	14	1183	10
Very little or none	203	18	204	20
Health Education Experience				
No health education	156	19	156	8
Part of other classes	494	11	494	7
Separate/one year	691	14	691	7
Separate/two years	797	14	799	8
Separate/three years	1598	13	1599	8
Healthy Me Schools	922	11	922	7

Chapter 4

Safety and Prevention of Accidents

In Chapter 1 we have mentioned that topics regarding safety and prevention of accidents have not been emphasized as much as other topics in school health classes. Is this lack of emphasis justified because, maybe, the students already know what to do to stay safe? Or maybe their parents have assumed the role of teaching about safety and accidents? This chapter will examine their behavior with regard to automobile safety and bicycle safety and discuss students' knowledge about measures to be taken in emergency situations. Whenever relevant, parents' behavior, knowledge and perceptions will also be discussed to provide comparison.

Wearing Seatbelts

As shown in Table 4-1, a low 34% of the students report always wearing seatbelts when in the front seat of a car; about 23% of them wear seatbelts most of the time and the rest split between sometimes and never. The proportion of students who tell others to wear seatbelts is about 56% (Table 4-2), a figure apparently including most of those who always or most of the time wear seatbelts themselves.

What are the factors affecting whether or not students wear seatbelts? Being in a health education program produces a higher rate of seatbelt wearing. Forty-four percent of the Healthy Me school students as compared to 23% of the students who have not had health education classes report always wearing seatbelts. The number of years of health education does not seem to make a marked difference. All of the students with some health education have a similar rate, around 34%. The proportion who tell others to wear seatbelts is the highest among Healthy Me school students (61%). This proportion drops to 51% among students with no health education.

Girls wear seatbelts more often than boys (36% vs. 31%) and elementary school students buckle up more than either junior high or high school students (46% vs. 25%).

Drinking and Driving

Almost half of 11th—12th graders (48%) say that they have driven after one drink (Table 4-3). Moreover, 67% of junior high and high school students have gone for a ride with a driver who had been drinking (Table 4-4).

Aside from the finding that girls are less likely to drive after one drink than boys, Table 4-3 shows no effect of comprehensive health education on this behavior.

Regarding riding with a driver who had been drinking, more years of health classes one has had lead to less undesirable behavior. Sixty-three percent of those having had separate health class for more than two years report having ridden with a driver who had been drinking, compared to the national sample rate of 67%. Healthy Me school students report a lower rate of 64%.

Parents' Seatbelt Use and Drinking and Driving

As shown in Tables 4-5 and 4-6, almost half (47%) of the parents themselves do not always wear seatbelts when they are in the front seat of a car and 39% of the parents have driven after drinking. Given such behavior, it is unlikely that these parents would have taught their children to always wear seatbelts, or not to go for a ride with a driver who had been drinking.

Bicycle Safety

Of all the students who ride bicycles, only a minimal 4% wear helmets (Table 4-7). Ninety-six percent of them ride a bike without the protection of a helmet. What's more, most of their parents do not even realize the crucial importance of wearing helmets when they ride bicycles. As shown in Table 4-8, only one-fourth of the parents think it is very important that their child wear a helmet when bicycling; almost half (47%) of them say wearing a helmet is not so important or not important at all.

In addition, more than 3 out of 5 students who ride a bike do not always follow traffic regulations (Table 4-9). This rate is the highest among those that have not had any health education class (79%). Having had health education for one grade reduces the rate to 70%; and for those with two years or more of health classes, a still lower rate of 65% to 67% is registered.

Boys are more likely not to always follow traffic regulations. And as children get older, they are more likely to slip as well.

What To Do in Emergency Situations

In order to prevent the harmful effects of accidents, children must know what to do when these accidents occur. Of all the students surveyed, only 65% know what to do when they choke on food (Table 4-10); 63% know how to save someone who is drowning; 46% know what to do if someone has a heart attack; and only 39% have rehearsed with their parents how to leave their home in case of a fire. Overall, 35% to 61% of the students do not know what to do in various emergency situations. And, as shown also in Table 4-10, about a quarter of the students do not have an emergency number conveniently located at home.

Are public schools doing anything to increase students' knowledge regarding the prevention of the above mentioned accidents? Table 4-11 indicates that most schools encourage students to learn about safety measures. However, 29% percent of the schools have not taught their students about what to do when they choke on food. About 40% of the schools have not taught them about heart attacks.

If it were left for the parents to teach their children these safety measures, the result would not be satisfactory either. As Table 4-12 shows, 35% of the parents have not been taught what to do when they choke on food; and that figure is higher regarding drowning (43%) and highest on heart attack (52%).

Observation

The survey has discovered that a large portion of the students are not safety conscious; moreover, not as much emphasis is put on safety and prevention of accidents in school health education programs as on some other health topics. Nevertheless, in most cases, increased number of years of health classes is shown to reduce the frequency of unsafe behavior.

Parents are ill-prepared to fulfill the responsibility to teach their children about safety because many of them: (1) lack relevant knowledge with regard to emergency situations; (2) are not good role models in automobile safety measures; and (3) many do not even perceive wearing a helmet when bicycling as very important for their children.

Table 4-1 Percent of those wearing a seatbelt

Q How often do you wear a seatbelt when you are in the front seat of a car?

	Base	Wearing Seatbelts (Always)
Total Students	3804	34%
Gender		
Girl	1901	36
Boy	1903	31
School Level		
Elementary	1509	46
Junior high school	1224	25
High school	1071	25
Control Over Own Health		
A lot	2403	34
Some	1179	33
Very little or none	204	32
Health Education Experience		
No health education	156	23
Health education as part of other classes	492	33
Separate/one year	693	33
Separate/two years	801	34
Separate/three years or more	1594	35
Healthy Me Schools	923	44

Table 4-2 Percent of those telling others to wear seatbelts

Q Do you tell others in the car to put on their seatbelts?

	Base	Telling Others to Wear Seatbelts (Yes)
Total Students	3785	56%
Gender		
Girl	1892	62
Boy	1893	49
School Level		
Elementary	1504	70
Junior high school	1218	46
High school	1063	46
Control Over Own Health		
A lot	2389	57
Some	1176	54
Very little or none	203	54
Health Education Experience		
No health education	156	51
Health education as part of other classes	491	44
Separate/one year	689	55
Separate/two years	791	54
Separate/three years or more	1590	59
Healthy Me Schools	921	61

Table 4-3 Percent of those drinking and driving

Q Have you ever driven after having one drink?

Base: Grade 11th-12th	Base	Drinking and Driving (Yes)
Total Students	700	48%
Gender		
Girl	356	39
Boy	344	61
School Level		
Grade 11	364	47
Grade 12	336	49
Control Over Own Health		
A lot	473	50
Some	207	43
Very little or none	19*	47
Health Education Experience		
No health education	24*	38
Health education as part of other classes	75	61
Separate/one year	206	46
Separate/two years	218	48
Separate/three years or more	168	45
Healthy Me Schools	213	49

*Caution: small base

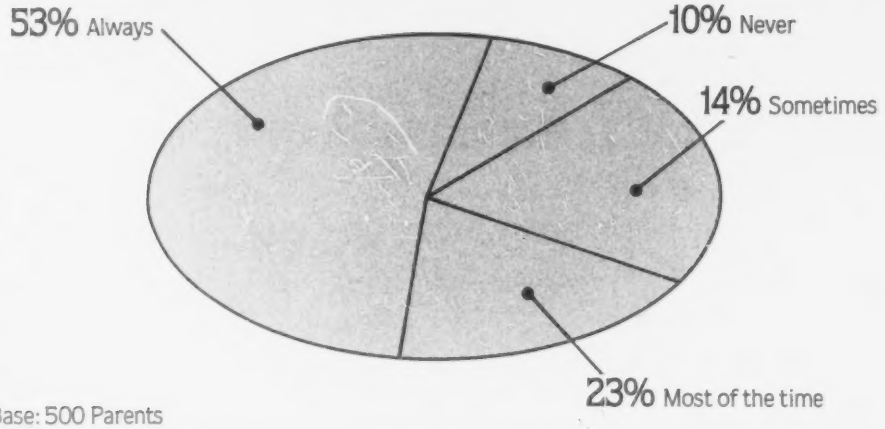
Table 4-4 Percent of those riding with a driver who has been drinking

Q Have you ever gone for a ride with a driver who has been drinking?

Base: Grade 7th-12th	Base	Riding (Yes)
Total Students	2289	67%
Gender		
Girl	1151	66
Boy	1138	68
School Level		
Junior high school	1220	60
High school	1069	74
Control Over Own Health		
A lot	1519	67
Some	669	65
Very little or none	92	71
Health Education Experience		
No health education	114	68
Health education as part of other classes	322	67
Separate/one year	498	70
Separate/two years	506	68
Separate/three years or more	810	63
Healthy Me Schools	537	64

Table 4-5 Frequency of parents' seatbelt use

Q How often do you wear a seatbelt when you are in the front seat of a car—always, most of the time, sometimes, or never?



Base: 500 Parents

Table 4-6 Frequency of parents' drinking and driving

Q If you ever drink alcohol, how often do you drive after having a drink—all the time, sometimes, rarely, or never?

Base: 500 Parents

All the time	4%	
Sometimes	11	39%
Rarely	24	
Never	46	
Not sure	14	

Table 4-7 Percent of those wearing a helmet when biking

Q When you ride a bike do you wear a helmet?

Base: 3100 Students who ride a bike

Yes	4%
No	96

Table 4-8 Parents' perception of the importance of helmets

Q How important is it that he or she wears a helmet when riding a bike—very important, somewhat important, not so important, or not important at all?

Base: 386 Parents

Very important	25%
Somewhat important	27
Not so important	28
Not important at all	19

Table 4-9 Percent of those who do not always follow traffic regulations when biking

Q When biking, do you follow traffic regulations?

Base: Ride a bike	Base	Follow Traffic Regulations (Sometimes and Never)
Total Students	3087	68%
Gender		
Girl	1548	63
Boy	1539	74
School Level		
Elementary	1380	56
Junior high school	1044	78
High school	663	77
Control Over Own Health		
A lot	1958	66
Some	954	72
Very little or none	159	67
Health Education Experience		
No health education	116	79
Health education as part of other classes	396	70
Separate/one year	505	70
Separate/two years	637	65
Separate/three years or more	1385	67
Healthy Me Schools	768	66

Table 4-10 Students' safety knowledge and practices

Q Is there an emergency number on or near your phone?

Q Do you know what to do if you choke on food when you are by yourself?

Q Have you been taught how to save someone who is drowning?

Q Do you know what to do if someone has a heart attack?

Q Have you rehearsed with your parents how to leave your home in case of a fire?

	Base	Yes
Emergency number	3780	74%
Choking	3802	65
Drowning	3797	63
Heart attack	3801	46
Fire	3797	39

Table 4-11 Teaching on safety measures

Q Do you encourage your students in this class to learn the following safety and first aid skills?

Base: 170 Teachers	Yes
What to do if they themselves choke on food while alone	71%
How to leave home in case of a fire	68
What to do if someone has a heart attack	60
How to save someone who is drowning	46
Wearing a seatbelt in the front seat of a car	76
Using a helmet when riding a bike	40

Table 4-12 Parents' knowledge on safety measures

Q Have you been taught what to do if you choke on food when by yourself or not?

Q Have you been taught how to save someone who is drowning or not?

Q Have you been taught what to do if someone has a heart attack or not?

Base: 500 Parents	Yes	No
Choking	65%	35%
Drowning	57	43
Heart attack	48	52

Chapter 5

Cigarette Smoking and Substance Use

Like accidents, cigarette smoking, alcohol drinking and drug use are serious inhibitors to a healthy life. Fortunately, unlike the prevention of accidents, which has not received as much attention from school health education as deserved, campaigns against smoking and substance uses have always been carried out to various degrees in the public school system. As shown in Chapter 1, such topics have been made priorities in the school health education curriculum (See Table 1-5).

However, it is important to examine if heavy exposure to educational messages has produced the desired effect. Do students refrain from smoking and substance use behavior? Do they share their teachers' and parents' perceptions about the importance of not smoking and not using drugs and alcohol? Besides exposure to health education, what are some other factors that might affect students' attitudes and behavior about these issues? This chapter will address these questions through the survey findings.

The Extent of Alcohol Use and Influencing Factors

As shown in Table 5-1, students show the least inhibition about alcohol. Sixty-six percent of the students have used it, although 29% only tried once or twice to see what it's like. Of all the students surveyed, 23% have had a drink sometimes; 7% had a drink in the past week and another 7% had several drinks in the last week.

The extent of students' drinking apparently is not realized by their parents. Only 36% of the parents report that their child has had a drink, as compared to the 66% figure from the students' self report (Table 5-2). It should be noted that although the parents and students included in this survey are not from the same families, each subsample is representative of its corresponding population nationwide. Allowing for the sampling error and response bias, a difference of 30% is undoubtedly significant.

Exposure to health education programs has not necessarily produced less drinking, as seen in the comparison in Table 5-3 between Healthy Me students and students with no health education in their respective rates of those who have had a drink sometimes or more often (41% vs. 39%). However, while 43% of the students that have had 1 or 2 years of health classes have used alcohol sometimes, experience in 3 or more years of health education has cut the rate to 33%.

More male students drink alcohol than female students and the rate of drinking increases by large margins from elementary school to junior high school, and from junior high to high school.

The Extent of Smoking and Influencing Factors

Again, there exists a discrepancy between what the students and the parents report as to the extent of smoking: 58% of the students say they have never smoked whereas, according to the parents, more than 80% of the students would not have smoked.

While 23% of the students have only smoked once or twice, 10% have smoked sometimes and 8% have smoked several times in the past week. This 8% taken nationally indicates that approximately 3.2 million public school students are cigarette smokers.

As Table 5-4 suggests, students who have had health education in schools show less smoking behavior than those who have not had any form of health education class (29%). Having one or two years of health education classes does not seem to reduce the smoking proportion as much as three years or more of health classes. Fourteen percent of the latter group as opposed to 20% or 23% of the former two groups have smoked sometimes or more often. Healthy Me students also show a relatively low rate of smokers (15%), compared to 29% among students with no health education.

Smoking is also a function of age, suggested by the steady and considerable increase from elementary to junior high school, and from junior high to high school.

The Extent of Drug Use and Influencing Factors

Whereas 83% of the students say that they have never used drugs, 17% report having used drugs at various frequencies (Table 5-1). However, as Table 5-2 indicates, only 5% of the parents report that their child has used drugs. Approximately 12% of the parents either deny, ignore or are not aware of their child's drug use.

Of the 17% that have used drugs, about half of them only tried it once or twice. The other half, 9% of the total sample, have used it sometimes or once in the past week, representing a national figure of approximately 3.6 million.

As indicated in Table 5-5, exposure to health education programs does have an effect on drug use if it is a prolonged exposure. Drug use is as prominent among those who have had health classes for one or two grades as for those who have never had health classes. However, students having had health education for three years or more are less likely to use drugs—a difference of 7%.

Drug use is again related to gender and age. Boys have a higher rate than girls, and the rate increases as students advance from elementary to junior high and then to high school.

Students perceiving very little control over their own health have a stronger tendency than the rest of the group to use drugs (13% vs. 10% or 8%). As shown in Chapter 2, comprehensive health education increases students' perceived control over their health.

Attitudes Toward Smoking, Alcohol and Drug Use

Just as there are significant differences between the students and the parents in their perceptions of reality regarding students' smoking, alcohol and drug uses, significant differences have also been found in their attitudes toward these behavior as well.

As Table 5-6 shows, while 96% of the parents think it is very important that their child does not take or experiment with drugs, only 75% of the students think likewise. The difference is even larger in regard to cigarette smoking. Ninety-four percent of the parents as compared to 68% of the students think it is very important for the student not to smoke. The biggest discrepancy lies in alcohol drinking. Eighty-nine percent of the parents think not drinking alcohol is very important for their child, but only 52% of the students think of the issue as very important.

Observation

Cigarette smoking, drug use and alcohol use are found to be more prominent among those who have not had any health education classes in school, among those who have a less consistently positive self image and more peer pressure inclination. Boys and older students also have a stronger tendency toward all three behaviors.

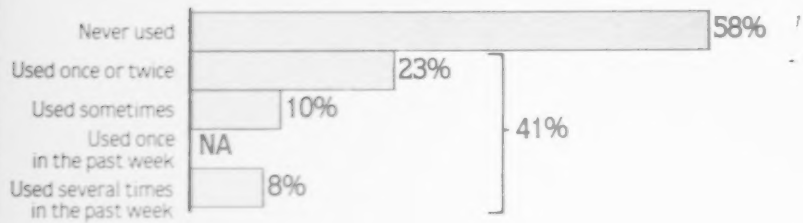
Exposure to one or two years of health education does not make a difference in regard to smoking, drinking and drug use. However, students with three or more years of health classes tend to show a much lower rate of smoking, drinking and drug use.

Parents report the existence of smoking, drinking and drug use among their children to a much lesser degree than the students themselves. There is also a large attitudinal discrepancy between parents and students in realizing how important it is that students should stay away from smoking and substance use.

Table 5-1 Frequencies of smoking, drinking alcohol, and taking drugs

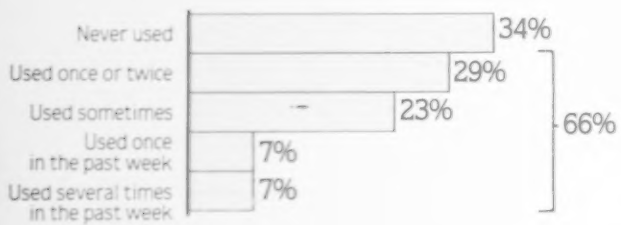
Q Which one of the following best describes your use of cigarettes?

Base: 3791 Students



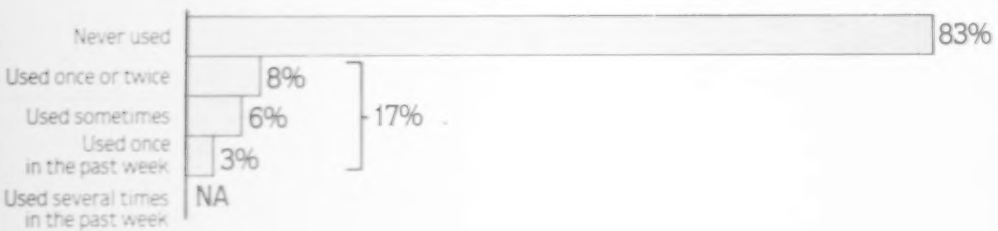
Q Which one of the following best describes your use of alcohol—such as beer, wine, wine coolers, or liquor?

Base: 3789 Students



Q Which one of the following best describes your use of drugs such as marijuana, crack, speed or downers?

Base: 3787 Students



Note: The category "sometimes" includes once in the last month for alcohol and drug use.

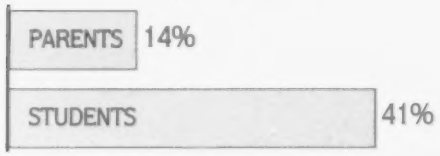
Table 5-2 Extent of drinking alcohol, smoking and using drugs as reported by parents and students

Base: Have a child in grade 3rd-12th

Q Has your child ever smoked a cigarette, or not?

Base: 358 Parents
Base: 3791 Students

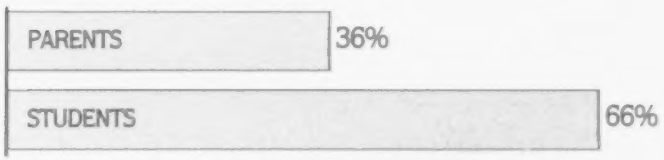
Yes, has smoked a cigarette



Q Has your child ever had one alcoholic drink, such as beer, wine, wine coolers, or liquor?

Base: 358 Parents
Base: 3789 Students

Yes, has had a drink



Q Has your child ever used a drug such as marijuana, crack, speed, or downers?

Base: 358 Parents
Base: 3787 Students

Yes, has used drugs

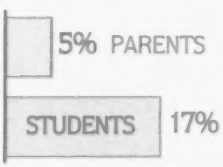


Table 5-3 Percent of those who had a drink sometimes or more often

	Base	Have a Drink Sometimes or More Often
Total Students	3789	37%
Gender		
Girl	1896	32
Boy	1892	41
School Level		
Elementary	1501	14
Junior high school	1221	40
High school	1067	66
Control Over Own Health		
A lot	2394	38
Some	1173	34
Very little or none	204	35
Health Education Experience		
No health education	156	39
Health education as part of other classes	491	34
Separate/one year	690	43
Separate/two years	793	43
Separate/three years or more	1593	33
Healthy Me Schools	918	41

Table 5-4 Percent of those who have smoked a cigarette sometimes or more often

	Base	Smoke a Cigarette Sometimes or More Often
Total Students	3791	18%
Gender		
Girl	1897	17
Boy	1894	19
School Level		
Elementary	1504	5
Junior high school	1221	21
High school	1066	34
Control Over Own Health		
A lot	2395	17
Some	1175	21
Very little or none	203	16
Health Education Experience		
No health education	154	29
Health education as part of other classes	492	17
Separate/one year	691	20
Separate/two years	795	23
Separate/three years or more	1591	14
Healthy Me Schools	919	15

Table 5-5 Percent of those who have taken drugs a few times or more often

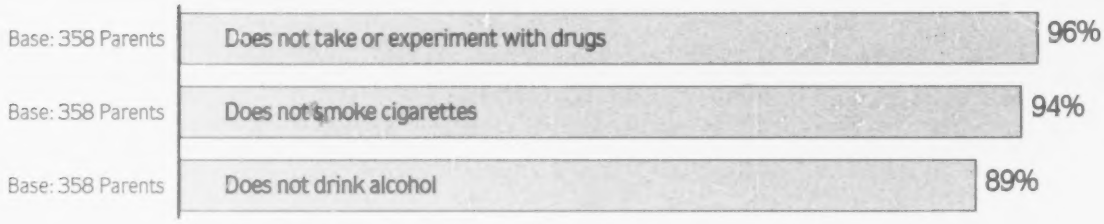
	Base	Take Drugs a Few Times or More Often
Total Students	3787	9%
Gender		
Girl	1898	8
Boy	1889	11
School Level		
Elementary	1503	2
Junior high school	1221	8
High school	1063	22
Control Over Own Health		
A lot	2391	8
Some	1176	10
Very little or none	202	13
Health Education Experience		
No health education	155	13
Health education as part of other classes	492	9
Separate/one year	687	13
Separate/two years	795	13
Separate/three years or more	1591	6
Healthy Me Schools	919	11

Table 5-6 Comparison of parents' and students' attitudes toward smoking, alcohol and drug use

Base: Have a child in Grade 3rd-12th

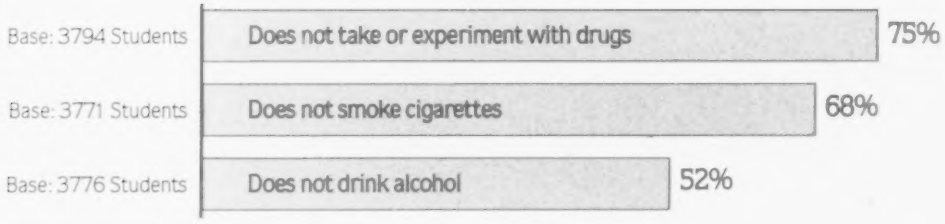
Q (Parents) How important is it to you that your child...?

Very/a Lot Important (Parents)



Q (Students) How important is each of the following to you?

Very/a Lot Important (Students)



Chapter 6

Prevention of Aids

AIDS education, which deals with a very recent phenomenon, has not been fully incorporated into health education curriculum in many American schools yet. As mentioned in Chapter 1, only 54% of the students report that they have learned about AIDS in class at school. Given the limited amount of exposure students have to AIDS education, this chapter will examine the knowledge they have regarding this deadly epidemic; it will also present the views of parents and teachers about AIDS education in schools.

AIDS Knowledge Items

The survey presented a list of behaviors to junior high and high school students and asked them to identify the items that would reduce their risk of getting AIDS.

As indicated in Table 6-1, 90% of the students have identified not taking illegal drugs with needles as risk reducing, and 85% have checked using a condom when having sex. On these two items, the Healthy Me high school students have a slightly higher rate of correct answers.

The next four items have been erroneously checked by many students as risk reducing factors: 3 out of 10 students have checked not sharing a bathroom with someone who has AIDS; 27% think not giving blood would help and 19% have checked using the birth control pill when having sex. Moreover, 13% of the students think they should not be in a classroom with someone who has AIDS. Again, correct knowledge seems to be a function of age. High school students are less likely to check these items as risk reducing.

In general, students with no health education experience in school tend to display an inferior knowledge relating to AIDS education, as shown in Table 6-2 by proportions identifying the items regarding needles and condoms (81% and 79%), compared to 92% and 89% for students in Healthy Me schools. Students with no health education are also more likely to pick non-risk related items as risk-reducing factors.

When we compare students' knowledge with what the parents know, the adults do not seem to perform better: 25% of them think their children should not share a bathroom with an AIDS patient and 21% think they should not be in a classroom with an AIDS patient (see Table 6-3). These findings reveal the extent of an unfounded AIDS scare, reiterating the urgent need for AIDS education.

Appropriate Age for AIDS Education

It is apparent from Table 6-1 that high school students are more likely to have correct information as compared to junior high school students. This gain in knowledge is positively related to school grades. But the survey has found that parents and teachers feel schools should not wait till late adolescence to teach about AIDS.

Table 6-4 shows a preference for an early start in teaching students about AIDS in schools. Eight percent of the parents and 18% of the teachers would like to see AIDS education for preschool children. Approximately half of the teachers and parents think that children should begin to learn about AIDS in school at or before the age of 9. A negligible 1% each of the parents and teachers express no desire for school AIDS education.

Observation

The topic of AIDS prevention is relatively new in comprehensive health education programs. There is some indication that comprehensive health education has a positive effect on knowledge about AIDS risks. Quite extensive ignorance is found among junior high and high school students, as well as among parents of school children, about what can reduce the risk of getting AIDS. The fact that parents and teachers prefer to see schools start teaching children about AIDS at an early age should be publicized and utilized to improve this important aspect of health education.

Table 6-1 AIDS knowledge items by levels of school

Q Which of these steps should you take to reduce the risk of getting AIDS?

Base: Grade 7th-12th

		School Level	
	Total	Junior High School	High School
Base: Students	2281	1217	1064
Not taking illegal drugs with needles	90%	89%	91%
Using a condom when having sex	85	81	89
Not sharing a bathroom with someone who has AIDS	31	34	28
Not giving blood	27	32	22
Using the birth control pill when having sex	19	24	14
Not being in class with someone who has AIDS	13	15	10

Table 6-2 AIDS knowledge items by health education experience

Q Which of these steps should you take to reduce the risk of getting AIDS?

Base: Grade 7th-12th

	National Sample						
	Total	No Health Education	Health Education as Part of Other Classes	Separate Class/ One Year	Separate Class/ Two Years	Separate Class/ Three Years or More	Healthy Me Schools
Base: Students	2281	114	323	494	503	808	504
Not taking illegal drugs with needles	90%	81%	88%	90%	93%	90%	92%
Using a condom when having sex	85	79	82	85	87	86	89
Not sharing a bathroom with someone who has AIDS	31	41	28	31	31	32	39
Not giving blood	27	32	31	27	22	28	24
Using the birth control pill when having sex	19	27	17	19	17	20	22
Not being in a class with someone who has AIDS	13	21	13	11	11	14	8

Table 6-3 Parents' knowledge of AIDS risks

Q Would any of the following reduce your child's risk of getting AIDS, or not?

Base: 500 Parents

Percent Answering Yes

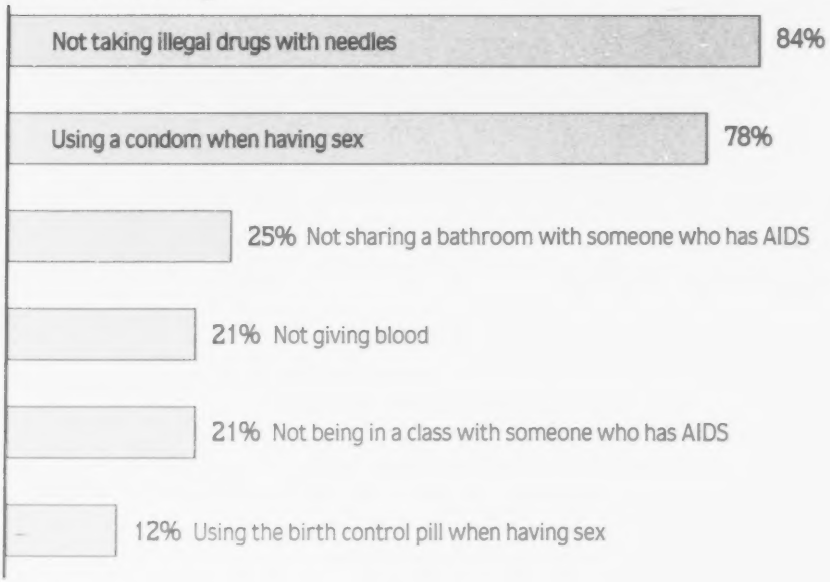

Not taking illegal drugs with needles
84%
Using a condom when having sex
78%
25% Not sharing a bathroom with someone who has AIDS
21% Not giving blood
21% Not being in a class with someone who has AIDS
12% Using the birth control pill when having sex

Table 6-4 Appropriate age for students to begin to learn about AIDS by parents and teachers

Q At what age, if any, should students begin to learn about AIDS in school?

	Parents	Teachers
Base	500	170
5 years or before	8%	18%
6 years	11	6
7 years	7	8
8 years	14	9
9 years	7	8
10 years	22	25
11 years	5	8
12 years	12	9
13 years	7	3
14 years	2	2
15 years	1	1
16 years	1	1
17 or later	—	—
Never	1	1
Not sure	3	3
Median Age	9	9

Chapter 7

Parental Involvement in Health Education

Previous chapters have compared parents and students, whenever appropriate, with regard to their knowledge, attitudes and behavior. This chapter will examine parents' participation (or the lack of it) in school health education.

Aspects of Parental Involvement

For parents, the first step toward getting involved in a child's school health education is to be informed of what the child is learning in health classes. As shown in Table 7-1, slightly more than half of the parents do not know what their children are taught in these classes. The percentage of parents involved in other ways is even smaller.

Only 29% of the parents say that they have gotten involved in any way with their child's school health education program. An overwhelming majority of them have not discussed health education with anyone at the school, nor have they discussed such issues at PTA or parents meetings. Only 1 out of 10 parents has been part of community support for school health education.

Attitudinally, parents do realize the importance of teaching children good health habits in schools. Table 7-2 indicates that 84% of the parents think that they need schools to get involved in teaching their child good health habits. Furthermore, Table 7-3 shows that 98% of the parents think it is important that children get comprehensive health education. There is clearly a discrepancy here between what they feel is important and what they actually do to help carry out this important process.

Need for Parental Involvement

When asked what might help to increase the effectiveness of school health education programs, 87% of the parents say that encouraging parents to discuss issues with their children would help a lot. Compared with other items in Table 7-4, parental involvement tops the list by at least 10 percent.

Interestingly, educators share this need for parental involvement. As shown in Table 7-5, providing parents with information on the content of health classes also tops the list of actions that teachers think would help a lot in improving students health habits. However, most of them do not think getting parents' active input in planning health courses would help as much as providing them with information.

Observation

The majority of parents endorse school cultivation of their children's good health habits; yet, most of them have not gotten involved in this process. Most of them do not know what is taught in school health classes. Educators emphasize the need for providing parents with information about health education.

Support for Health Education

As shown in Table 7-6, a majority of teachers from the national sample say that school health education gets strong support from other teachers (86%), local school administrators (68%), and voluntary health organizations (57%). Less than four out of ten teachers (37%) say that school health education gets strong support from parents.

The proportion reporting strong parental support rises sharply to 63% among Healthy Me school teachers. They also report more support from local school administrators (85%), school board members (66%), and voluntary health organizations (61%).

Observation

The best benefits of health education are realized when there is a joint effort of students, teachers, parents, school administrators, and various community groups.

Table 7-1 Parental involvement in school health education

Base: 500 Parents

Q Do you know what children are taught in school's health classes?

Yes	48%

Q Have you ever gotten involved with your child's school health education program in any way?

Yes	29%

Q Have you discussed health education with anyone at the school?

Yes	16%

Q Have you discussed health education at PTA or parents meetings?

Yes	14%

Q Have you participated with any other community organizations supporting school health education?

Yes	10%

Table 7-2 Need for school health education perceived by parents

Q Is it important to you that your child's school get involved in teaching your child good health habits, or do you feel you can handle this yourself with no help from the school?

Base: 500 Parents

School involvement is important	84%
No help needed	14

Table 7-3 Importance of comprehensive health education perceived by parents

Q Comprehensive health education usually means health education over several years covering several major health care subjects. How important is it to you that your child have a comprehensive health education—very important, somewhat important, not too important, or not at all important?

Base: 500 Parents	Level of Importance
Very important	78%
Somewhat important	20
Not too important	—
Not at all important	2

Table 7-4 Ways to encourage teenagers' good health habits

Q Here are some things that schools might possibly do to encourage teenagers toward good health habits. Whether or not you have teenagers in your household, for each of these items, tell me whether it would help a lot, a little, or not at all.

Help a lot

Base: 500 Parents

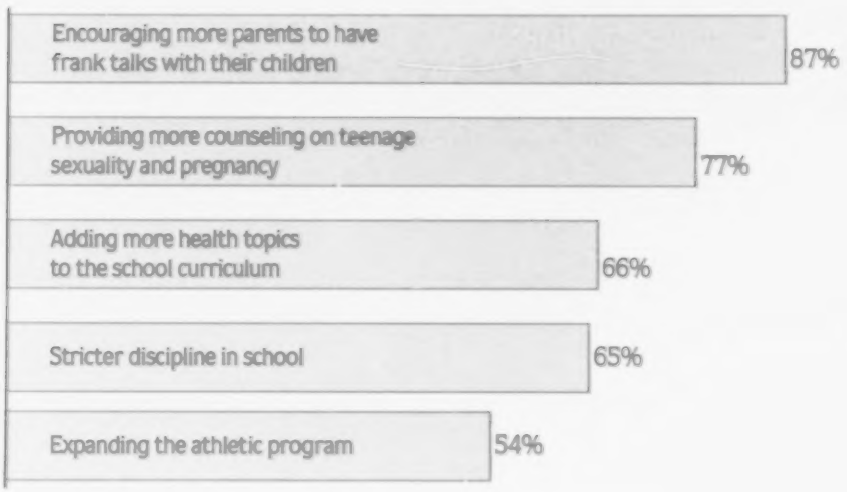


Table 7-5 Future improvements in health education

Q Here are some things that schools might possibly do to encourage teenagers toward good health habits. Whether or not you have teenagers in your household, for each of these items, tell me whether it would help a lot, a little, or not at all.

Help a lot

Base: 170 Teachers

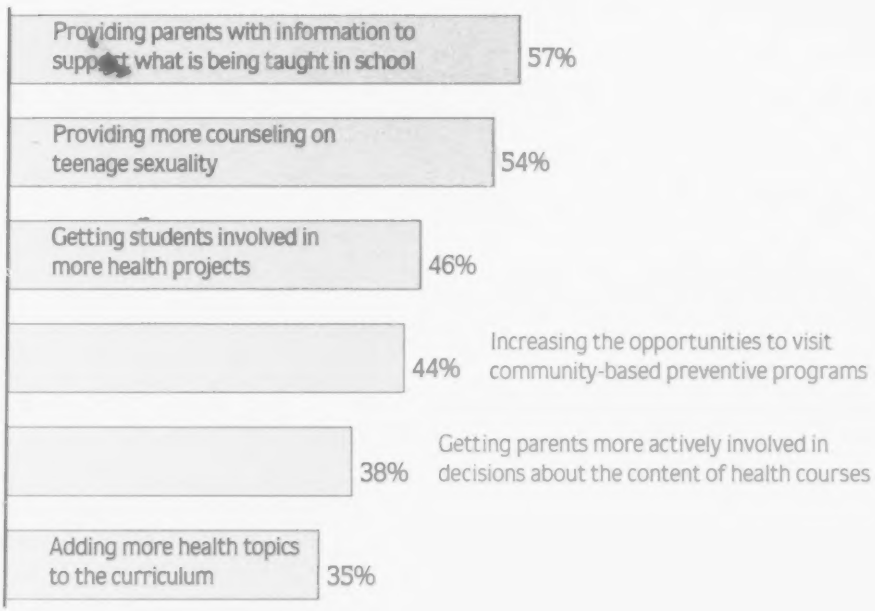

Providing parents with information to support what is being taught in school
57%
Providing more counseling on teenage sexuality
54%
Getting students involved in more health projects
46%
44%
Increasing the opportunities to visit community-based preventive programs
38%
Getting parents more actively involved in decisions about the content of health courses
Adding more health topics to the curriculum
35%

Table 7-6 Strong support for school health education

Q Who among the following gives strong support to health education in your school?

Base: Teachers	National Sample 170	Healthy Me Schools 41
Teachers	83%	83%
Local school administrators	68	85
School board members	39	66
Students	41	73
Parents	37	63
Voluntary health organizations	57	61
Fire and police departments	48	49
Other community and church groups	28	42

Chapter 8

Emotional Health

While it is clear that a comprehensive health education curriculum is vital for improving the knowledge and health related behavior of our nation's school children, the psychological context of health education cannot be ignored.

This chapter will examine the emotional well-being of students and their support system, and discuss the relationship between emotional health and other aspects of students' health. It will also present teachers' views on teaching about emotional health.

Friendship Patterns

As Table 8-1 shows, almost all children feel that it is important to have friends (97%), and, indeed, they have close friends.

A majority of students report positive functions of friends: 91% say that they sometimes help friends do what they should do, and 87% report that their friends help them do what they should do (Tables 8-2 and 8-3). While 80% of students with no health education say friends help them do what they should do, at least 87% of students who have had some health education say their friends help them. That proportion is higher (90%) for Healthy Me School students. Eighty-five percent of students with no health education help friends do what they should do, compared to 94% of Healthy Me School students who help their friends.

Having close friends can also imply negative pressure on students to do things they do not want to do. Table 8-4 shows that 52% of students sometimes do things they do not want to do because friends are doing them. It is not clear from this study how students' comprehensive health education experience affects this negative peer pressure, although positive friendship functions improve with more health education. Negative peer pressure peaks in junior high school—55% of junior high school students, compared to 51% in elementary school, and 50% in high school, do things they do not want to do because of friends.

Feelings of Unhappiness and Support System

Most children feel good about themselves all of the time (22%) or most of the time (57%). However, 19% feel good about themselves only sometimes and 2% never feel good about themselves (see Table 8-5). A significant minority—more than one out of three—report that they feel very unhappy at least once a week (Table 8-6). About one-quarter of the students report that they feel very unhappy once or twice a month. Table 8-7 shows that girls are more likely to report feeling unhappy than boys (42% vs. 30%), as are those in junior high school as compared to elementary and high schools. Children who have had no health education class are more likely to feel unhappy (45%), compared to 32% of Healthy Me School students.

Other important factors relating to feelings of unhappiness are negative peer pressure, and a feeling of a lack of control over their own health. Those children who sometimes do things they don't want to do because their friends are doing them are more likely to feel unhappy than those who resist such pressure (40% vs. 32%). Those who feel that they have a lot of control over their own health are less likely to feel as unhappy as those who feel they have very little or no control over their own health (33% vs. 46%).

Table 8-8 indicates that when children are unhappy they are most likely to turn to their friends for comfort (61%). Forty-six percent reported that they would talk to their mother about the problem, 30% would talk to their brother or sister, and one out of four would talk to their father. Less than one out of ten reported that they would talk to their teacher about the problem.

More than one out of four (27%) said that they would not talk to anyone about the problem. Boys and girls are much different in this regard with only one out of five girls reporting that they would not talk to anyone, while fully 34%—more than one out of three—boys said that they would not talk to anyone if they were feeling very unhappy. Boys and girls are also different in who they choose to speak to when feeling unhappy. Almost three out of four girls (74%) say that they turn to their friends for comfort, while slightly less than half (48%) of the boys say that they do so. Girls are also more likely to call upon their mother (51% vs. 40%) or their siblings (35% vs. 25%) for help.

Those in junior high and high school are more likely to keep the problem to themselves than are those in elementary school. Among those who do speak to someone about the problem, those in high school and junior high school are far more likely to call upon their friends to talk about the problem than they are to speak with parents, teachers or other relatives. Friends take on an increasing importance as children move through the school years, with only 49% of those in elementary school indicating that they would call upon their friends as compared to 76% of those in high school. Both mothers and fathers are decreasingly important to children as they move through the school years.

When we compare these findings with what parents believe to be their child's support network, large discrepancies exist, especially in the prominence of friends and parents as perceived by parents and students. While 59% of the parents report that their children talk to the mother when he or she feels unhappy (Table 8-9), only 46% of the students say so. Sixty-one percent of the students report talking to friends, as compared to a very low 8% reported by parents. Parents are also unaware of the fact that more than one out of four school children do not talk to anybody when they feel unhappy (27% reported by students): only 4% of the parents say that their children do not talk to anybody when feeling unhappy.

Observation

More than one out of three students feels very unhappy at least once a week; more than one out of four of those feeling unhappy say they do not talk to anybody. Parents, however, do not realize this about their children.

Parents are also unaware that when their children are unhappy they are more likely to talk to their friends than to their parents.

The Importance of Teaching About Emotional Health

When we examine the health topics that students report having learned at school, 65% of the students say they have learned about personal feelings (See Table 1-5). Compared to other health topics, this item has been dealt with by smaller proportions of the schools, ranking toward the bottom of the list.

However, how often a student feels good about himself is shown to be consistently related to various health behavior items. As Table 8-10 indicates, students who feel good about themselves all the time are less likely to skip breakfast than those feeling good only sometimes or never (14% vs. 25%); they are less likely to skip lunch (8% vs. 24%), and dinner (7% vs. 13%). Students who feel good only sometimes or never tend to exercise less frequently than those who feel good most of the time or all the time, both in and outside of school. Students who feel good sometimes or never are also more apt than those feeling good about themselves all the time to drink, smoke and take drugs. Forty percent of the former group report having a drink sometimes or more often as opposed to 27% for the latter group.

Observation

The findings reported here, and findings discussed throughout the report with regard to a feeling of control over one's health, reveal that students who consistently feel good about themselves and students who feel that they have a lot of control over their health have better health attitudes and practices than students who feel otherwise, suggesting that emotional health affects other aspects of children's health.

Teachers have expressed a need for placing great emphasis on teaching of personal feelings and self-esteem. When we ask teachers how much emphasis should be placed on teaching about personal feelings, 74% of the teachers say "a great deal" (see Table 1-9). Among health topics, this item ranks the fourth in terms of the proportion of teachers designating "a great deal" of emphasis to it.

In addition, Table 8-11 shows that 85% of the teachers think a lot of time should be devoted to teaching about self-esteem. Among the teachers of the Healthy Me schools, this proportion is even larger. Ninety-five percent of teachers in Healthy Me schools think a lot of time should be devoted to teaching about self-esteem.

Table 8-1 Percent of those saying it is important to have friends and those having close friends

Q Do you think it is important to have friends?

Q Do you have any close friends?

	Important to Have Friends	Have Close Friends
Base: Students	3808	3807
Yes	97%	96%
No	3	4

Table 8-2 Helping friends to do what they should do

Q Do you sometimes help your friends do what they should do?

	Base	Yes
Total Students	3797	91%
School Level		
Elementary	1503	90
Junior high school	1225	91
High school	1069	93
Health Education Experience		
No health education	156	85
Health education as part of other classes	494	88
Separate subject/one year	691	91
Separate subject/two years	800	92
Separate subject/three years or more	1589	92
Healthy Me Schools	918	94

Table 8-3 Friends help in doing what you should do

Q Do your friends sometimes help you do what you should do?

	Base	Yes
Total Students	3797	87%
School Level		
Elementary	1503	85
Junior high school	1221	86
High school	1069	92
Health Education Experience		
No health education	155	80
Health education as part of other classes	492	87
Separate subject/one year	690	89
Separate subject/two years	798	89
Separate subject/three years or more	1591	87
Healthy Me Schools	922	90

Table 8-4 Doing things not wanting to do because of friends

Q Do you sometimes do things that you don't want to do because your friends are doing them?

	Base	Yes
Total Students	3794	52%
School Level		
Elementary	1505	51
Junior high school	1220	55
High school	1069	50
Health Education Experience		
No health education	155	45
Health education as part of other classes	492	52
Separate subject/one year	691	47
Separate subject/two years	799	54
Separate subject/three years or more	1591	54
Healthy Me Schools	921	52

Table 8-5 Feeling good about oneself

Q Do you feel good about yourself?

	Base	All the Time	Most of the Time	Some-times	Never
Total Students	3805	22%	57%	19%	2%
Health Education Experience					
No health education	156	31	44	21	4
Health education as part of other classes	494	25	53	20	2
Separate subject/one year	693	20	59	19	2
Separate subject/two years	800	21	58	19	2
Separate subject/three years or more	1595	21	58	19	1
Healthy Me Schools	922	18	61	19	2

Table 8-6 Frequency of feeling unhappy

Q How often do you feel very unhappy?

Base: 3795 Students

Once a week or more often	36%
Once or twice a month	24
Every 2 or 3 months	9
Less often	26
Never	5

Table 8-7 Percent of those feeling unhappy once a week or more often

Q How often do you feel very unhappy?

	Base	Once a Week or More Often
Total Students	3795	36%
Gender		
Girl	1899	42
Boy	1896	30
School Level		
Elementary	1506	35
Junior high school	1222	39
High school	1067	35
Negative Peer Pressure		
Yes	1962	40
No	1819	32
Self-Image		
Feeling good all the time	832	23
Most of the time	2169	32
Sometimes/never	790	61
Control Over Own Health		
A lot	2394	33
Some	1180	41
Very little or none	204	46
Health Education Experience		
No health education	155	45
Health education as part of other classes	490	37
Separate/one year	692	34
Separate/two years	797	36
Separate/three years or more	1595	36
Healthy Me Schools	922	32

Table 8-8 Types of people talked to when feeling unhappy reported by students

Q When you feel very unhappy, who do you usually talk to?

Base: Feel very unhappy

		Gender		School Level		
	Total	Girl	Boy	Elementary	Junior High School	High School
Base: Students	3588	1840	1748	1408	1169	1011
My friends	61%	74%	48%	49%	64%	76%
My mother	46	51	40	59	37	36
My brother/sister	30	35	25	33	30	27
My father	25	22	28	39	18	13
My teacher	9	10	8	14	4	7
Grandparents	5	6	4	9	4	2
Other relatives: aunt/cousin	6	8	3	8	5	3
Pet/animal	3	4	2	5	2	1
Nobody	27	20	34	22	31	29

Table 8-9 Types of people talked to when feeling unhappy reported by parents

Q When your child feels very unhappy or depressed, who does (he/she) usually talk to?

Base: Have a child in grade 3rd-12th who feels unhappy

		Child's Gender		Child's School Level		
	Total	Girl	Boy	Elementary	High School	Junior High School
Base: Parents	320	208	112	102	88	130
His/her mother	59%	61%	54%	56%	58%	62%
His/her father	16	12	23	21	11	15
Respondent	18	21	12	24	18	12
His/her friends	8	11	4	3	7	14
His/her brother/sister	4	4	3	4	3	4
His/her teacher	2	2	2	3	—	2
His/her doctor or nurse	1	1	—	—	2	—
Nobody	4	1	8	3	6	3

Table 8-10 Relationship between how often students feel good about themselves and whether they show undesirable health behavior

		Feel Good About Oneself		
Base: Students	Total 3815	All The Time 837	Most of The Time 2175	Sometimes/ Never 793
Have nothing for breakfast	19%	14%	18%	25%
Have lunch sometimes/never	14	8	12	24
Have dinner sometimes/never	8	7	6	13
Do not exercise twice or more a week at school	13	9	12	19
Do not exercise twice or more a week outside of school	15	14	12	21
Have a drink sometimes or more often	37	27	40	40
Smoke a cigarette sometimes or more often	18	12	18	25
Take drugs sometimes or more often	9	6	9	12

Table 8-11 Amount of time to be devoted to teaching about self-esteem

Q How much time should be devoted to self-esteem in class?

Base: Teachers	Cross-Section 170	Healthy Me 41
A lot	85%	95%
A little	15	5
None at all	—	—

Appendix A:

Methodology

Part I: Students' and Teachers' Section

The Metropolitan Life Survey *Health: You've Got to Be Taught* was conducted by Louis Harris and Associates for the Metropolitan Life Foundation from January to May, 1988. A total of 4,738 field interviews were completed with public school students in grades 3 through 12 from 199 public schools in the continental United States. A questionnaire survey of 211 public school teachers was also conducted at the same time. These teachers were selected to match the 199 schools, with one teacher from each selected school in most cases.*

Selection of the National Sample of Students and Teachers

Louis Harris and Associates drew a random sample of schools covering grades 3 through 12 from a list of 80,530 public schools compiled by Market Data Retrieval of Westport, Connecticut. Sample sizes for schools were set for each region of the United States, based on the proportion of public school enrollment in each region. Each school included in the sample was randomly assigned a grade designation. English or Social Studies classes, with a minimum of 20 students of the designated grade, were used for the student interviews. One teacher from each of the selected schools who was most knowledgeable about the health education or health status of the selected class was included in the sample of the teachers.

Selection of the Healthy Me Sample of Students and Teachers

The Metropolitan Life Foundation provided a list of public schools and school districts which had been recognized for their exceptional comprehensive health education programs. This oversample was cleaned against the sample ordered from Market Data Retrieval. The same procedures for selecting students and teachers for the national sample were followed to derive the Healthy Me sample of students and teachers.

* In 12 schools, two teachers, sharing the health education responsibility for the selected class, filled out questionnaires. This explains the higher number of completed teacher interviews (211) as compared to the number of participating schools (199).

Interviewing Procedures

The principals of the selected schools were contacted by telephone to obtain consent to let their students and teachers participate in the survey. Then Louis Harris and Associates in-person interviewers travelled to the consenting schools to distribute the questionnaires to classes and teachers. The interviewers assisted the students with standardized instructions in completing the questionnaires.

Questionnaire Development

First drafts of the questionnaire were pretested among a sample of 50 students and their teachers. The lessons learned during this testing process provided important refinements to the survey questionnaires.

Many individuals contributed their comments to the survey questionnaires. Louis Harris and Associates is extremely grateful for those contributions. However, final responsibility for the questionnaire rests with Louis Harris and Associates.

Processing of the Data

All completed questionnaires were edited, coded, keypunched, and verified. The data were tabulated, checked for internal consistency, and processed by computer. The output of this process is a series of computer tables for each of the two surveys, showing the results for each survey question, both by the total number of respondents interviewed and by important subgroups.

Sample Disposition and Completion Rates

Since the students and teachers interviewed for this survey were from the same schools, the sample disposition shown in Table A-1 was constructed based on the schools. A total of 697 schools were contacted to yield 199 participating schools where interviews of students and teachers were conducted.

Of the 199 schools, 40 were from the oversample of Healthy Me schools, yielding a total of 923 student interviews and 40 teacher interviews. The national sample of 159 schools produced 3,815 student interviews and 170 teacher interviews.

Of all the principals who were contacted by telephone at their schools, 92% were willing to talk to a Louis Harris and Associates interviewer. Although there are a number of different methods by which response rates can be calculated, we arrived at this figure by comparing the number of principals that gave us consent with the number of schools that were eligible for the study. We call this the "consent rate."

Of the schools which agreed to participate in the survey, 88% completed interviews. We calculate this "interview completion rate" by dividing the number of participating schools by the sum of: (1) the number of participating schools, (2) the number of school refusals, (3) the number of schools which were left to call back at the time the survey was completed, (4) the number which were unavailable for the duration of the field period, and (5) the number which had miscellaneous reasons not to participate. This "interview completion rate" is 88%.

With reference to Table A-1, the "consent rate" and the "interview completion rate" have been calculated according to the following formulas:

$$\text{Consent rate on the telephone} = \frac{B + E + F + G + H + I}{B + C + E + F + G + H + I} = \frac{640}{697} = 92\%$$

$$\text{Interviewer completion rate} = \frac{A}{A + C + E + F + G + H + I} = \frac{199}{226} = 88\%$$

The disposition of all contacts is provided in Table A-1 so that interested individuals may make their own calculations of response rate, according to this or other formulas.

Table A-1 School Sample Disposition

	Telephone Contact	In-Person Interview
A. Participating schools		199
B. Consenting schools	226	
C. Refused to participate	57	3
D. Terminated within contact or interview		
E. To call-back (study completed before callback was needed)	326	15
F. Non-eligible schools (class size below minimum or no designated grade)	76	
G. No answer or busy (after 4 calls)	7	
H. Not available during duration of field period	2	5
I. Miscellaneous (other non-eligible schools)	3	4
Total number of contacts	697	226

Part II: Parents' Section

Nature of the Parents' Sample

The survey data on parents in this report are based on interviews with 500 randomly selected parents across the country, conducted by telephone between January and March, 1988. The overall completion rate for this survey was 80% of eligible households reached. A full disposition of every telephone number called is shown in Table A-2. Approximately 2,200 households needed to be screened in order to locate and interview 500 parents of public school children.

Introduction to Surveys of the Public

Louis Harris and Associates' telephone surveys of the public are based on a national sample of the civilian population (18 years of age and older) of the United States. Those living in Alaska and Hawaii are not represented, nor are those in prisons, hospitals, or religious and educational institutions, unless such individuals have their own outside phone line. Samples are based on the Census Bureau's adult population figures for each state in the country. These figures are updated by intercensal estimates produced annually by the Census Bureau, and sample locations are selected biennially to reflect changes in the country's demographic and geographic profile.

National samples are stratified on two dimensions—geographic region and metropolitan versus nonmetropolitan residence. Stratification ensures that the sample will reflect, within 1%, those living in different regions of the country and those living in SMSA's and non-SMSA's. Within each stratum, the selection of the primary sampling unit (PSU) is achieved through multistage, unclustered sampling. First states, then counties, and then minor civil divisions are selected, with probability of selection proportionate to Census Bureau estimates of their respective populations.

Random Digit Dialing

Louis Harris and Associates employs a random-digit-dialing procedure to select households within primary sampling units. Random digit dialing is a significant improvement over previously used techniques, extending the potential coverage rate to almost 95% of the U.S. population.

Unless some method of random digit dialing is used, telephone samples must be drawn directly from published lists. However, since the population of unlisted phone number subscribers is large and demographically dissimilar to subscribers with listed phone numbers, reliance on telephone directories alone yields seriously biased samples. For this reason, using published phone listings as the universe is inadequate for telephone surveys and inferior to using random digit dialing.

The use of a random-digit-dialing method offers other important advantages:

- *The sample is highly representative.*
- *Unlisted telephone numbers have the same probability of inclusion in the sample as listed numbers. This is particularly important in reaching both high income and minority populations.*
- *Respondents are geographically dispersed, rather than clustered.*

Sample Development For Screening The Public

Virtually all of the hundreds of national telephone surveys of the public conducted by the Harris organization each year are based on a modified, stratified, random-digit-dialing method. In addition, Harris telephone surveys use a stratified area-probability approach rather than a single stage sample.

There are three important advantages to using an area-probability approach:

- *It allows greater stratification of the population (Harris samples have twelve strata).*
- *It allows comparisons with Census Bureau data and other published demographic information that have a geographic base.*
- *It is compatible with sampling for in-person interviewing, thus providing greater versatility in study design.*

The sample is developed in the following multistage process. First, a listing is constructed of the latest estimates of the adult population of every state within each region in rank order, then a running cumulative total of gross sums is produced. Next, a skip factor is calculated as t/n, where t is the adult population of the stratum and n is the number of sample points needed. Then a random number, ψ, smaller than the skip factor, is selected. Beginning with the random number, ψ, the sample points are then assigned according to where the numbers ψ, $(\psi + t/n)$, $(\psi + 2t/n)$, $(\psi + 3t/n)$... $(\psi + (n-1\ t/n)$ fall on the running cumulative total of the adult population within that stratum. This same procedure is applied to each state within each region to form PSU's.

At the next stage of selection, one telephone number for each PSU is randomly selected from the updated Harris library of telephone directories. The selected numbers are then altered by dropping the last two digits (or occasionally just the last digit in rural areas) and replacing them with randomly selected two-digit numbers. As many randomly selected two-digit numbers as needed are successively appended until a working residential number is reached or until a screen is completed in each PSU. Technically, this method of sampling produces an epsem sample of all published banks of telephone number, i.e. a sample with an equal probability of selection method.

Stratification of Telephone Samples of the Public

The core telephone exchanges are stratified by two variables—geographic region and place of residence. The United States is divided into four regions, as follows:

1. **East:** Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, District of Columbia, and West Virginia.
2. **South:** Virginia, North Carolina, South Carolina, Florida, Georgia, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Texas, and Oklahoma.
3. **Midwest:** Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, Kansas, Nebraska, South Dakota, and North Dakota.
4. **West:** Montana, Wyoming, Colorado, New Mexico, Arizona, Utah, Idaho, Nevada, California, Oregon, and Washington.

We also use three categories for place of residence:

1. **Central City:** Every place defined by the Census Bureau as a central city of a Standard Metropolitan Statistical Area.
2. **Rest of Metropolitan Area:** Every place that is not a central city but is within SMSA boundaries.
3. **Outside Metropolitan Area:** Every place that is not included in any of the other two categories.

We then define each place of residence category within each region as a stratum.

Control of the Sample

In order to maintain reliability and integrity in the sample, the telephone field staff follows these procedures when a respondent contact is attempted:

- *A nonanswering telephone is dialed two more times over a three-day period. At the end of this time, if no contact is made, a new telephone number is generated for that PSU.*
- *If a business telephone is reached or if contact is made with a household in which a potential respondent presents a language barrier, a new telephone number is generated for that PSU.*
- *Once a residential contact is established, the interviewer uses a script to screen the household for eligibility.*

Eligibility Screening for Parents

Potential respondents were asked how many children there were in the family under age 21 who have attended public school. If the answer was zero, the household was screened out. If there were two or more, the child who had celebrated the most recent birthday was designated as the one whom the questions would be about. Then the interviewer administered the questionnaire to the parent or legal guardian who knew about the child's education and school.

Callback Strategy

In order to attain the highest possible response rates within reasonable cost constraints, callbacks are made according to the following guidelines:

No Answer/Not-at-Homes: An initial call and then two callbacks to reach an adult member of the household. Callbacks are made on different days and at different times of the day. After the third call, the household is replaced by another number in that PSU.

Refusals: One callback to try to convert any designated respondent who has refused or terminated an interview. If after the conversion attempt the designated respondent still declines the interview, another household is selected in that PSU.

Unavailable Respondents: An initial call and two callbacks to reach the designated member of the household. If after the third call the respondent is still not available for the interview, another household is selected in that PSU.

Busy Signals: An initial call, a follow-up fifteen minutes later, and two callbacks to reach a member of the household. Callbacks are made on different days and at different times of the day. If the telephone is still busy after the fourth call, a new number is selected in that PSU and the household is replaced.

Weighting of the Parents' Sample

The national cross-section of parents is weighted to the Census Bureau's latest population parameters for race, parent's education, and single-parent vs. two-parent status. This adjusts these key variables, where necessary, to their actual proportions in the population. Only slight weighting is necessary in Harris samples to correct for sub-group variations in telephone penetration and non-response rates.

All surveys tend to underrepresent to some extent the most disadvantaged stratum of society due to the inherent difficulty of reaching them. Weighting of data by such factors as race and education serves to correct any such underrepresentation and to assure that final results are fully projectable.

Table A-2 Disposition of All Telephone Numbers Called for the Survey of Parents

Completed Interviews	500
Screen Outs	
No child under 21 who attended public school	1,680
Reached but Not Completed	
Respondent refused even to screen	344
Respondent terminated interview once begun	7
Callbacks Incomplete	
Callback needed to screen or interview, but respondent could not complete it by the end of field period	202
No Reachable Respondent	
Never any answer	618
Always busy	59
Phone number not in service	1,172
Phone number is a business	319
Unavailable due to language: no English-speaker in household	63
Everyone reported to be unavailable due to health	18
Everyone reported to be unavailable during duration of the field period	11
Miscellaneous	
Duplicate numbers, etc.	11
TOTAL OF TELEPHONE NUMBERS CALLED	5,004

STANDARD FORMULA FOR CALCULATION OF COMPLETION RATE:

$$\frac{\text{Screen Outs + Completions}}{\text{Screen Outs + Completions + Refusals + Terminations + Callbacks}} = \frac{2,180}{2,733} = 80\%$$

Completion rate = 80% of eligible households reached.

Noncompletion rate = 20% of eligible households reached.

Table A-2, containing the disposition of all telephone numbers called, allows the interested reader to calculate response rates according to the above formula or other available formulas.

Reliability of Survey Percentages

It is important to bear in mind that the results from any sample survey are subject to sampling variation. The magnitude of this variation is measurable and is affected both by the number of interviews involved and by the level of the percentages expressed in the results.

Table A-3 shows the possible sample variation that applies to percentage results for this survey. The chances are 95 in 100 that a survey result does not vary, plus or minus, by more than the indicated number of percentage points from the result that would have been obtained if interviews had been conducted with all persons in the universe represented by the sample.

For example, if the response for a sample size of 1,500 is 30%, then in 95 cases out of 100 the response in the total population would be between 28% and 32%. Note that survey results based on subgroups of small size can be subject to large sampling error.

These errors account for sampling error only. Survey research is also susceptible to other errors, such as in data handling and in interviewer recording. The procedures followed by Louis Harris and Associates, however, keep errors of these kinds to a minumum.

Table A-3 Approximate Sampling Tolerances (at 95% Confidence) to Use in Evaluating Percentage Results Appearing in This Report

Number of People Asked Question on Which Survey Result Is Based	Survey Percentage Result at 10% or 90%	Survey Percentage Result at 20% or 80%	Survey Percentage Result at 30% or 70%	Survey Percentage Result at 40% or 60%	Survey Percentage Result at 50%
2,000	1	2	2	2	2
1,500	2	2	2	3	3
1,000	2	2	3	3	3
900	2	3	3	3	3
800	2	3	3	3	3
700	2	3	3	4	4
600	2	3	4	4	4
500	3	4	4	4	4
400	3	4	4	5	5
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10
50	8	11	13	14	14

Appendix B:

The Questionnaires

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

/ FOR OFFICE USE ONLY:
/
/ Questionnaire No.: _____
/
/ _____ 5-6-7-8

Study No. 874024-Form B

February 19, 1988

Sample Point No. / / / / / / / /
10- 11- 12- 13- 14- 15-16

A1. What grade are you in?

7th	(17(____-5
8th	____-6
9th	____-7
10th	____-8
11th	____-9
12th	____-0

A2. Are you

Male?	(18(____-1
Female?	____-2

B1. How would you describe your own health?

Excellent	(19(____-1
Very good	____-2
Good	____-3
Fair	____-4
Poor	____-5

B2. Right now, do you feel you are

Overweight?	(20(____-1
Underweight?	____-2
At about the right weight?	____-3

C1. When was the last time you saw a doctor about your health?

In the last month	(21(____-1
In the last 6 months	____-2
In the last year	____-3
Longer ago	____-4
Never	____-5

C2. How many times have you seen a doctor in the last year?

None . . . . . (22(____-1
Once . . . . . ____-2
Twice . . . . . ____-3
Three or more times a year . . . . . ____-4
Four or more times a year . . . . . ____-5

C3. Is there a doctor who knows you?

Yes . . . . . (23(____-1
No . . . . . ____-2

C4. Have you *ever* had a hearing test?

Yes . . . . . (24(____-1
No . . . . . ____-2

C5. Have you *ever* had an eye examination?

Yes . . . . . (25(____-1
No . . . . . ____-2

C6. Who does the best job of keeping you well?
CHOOSE ONE

My parents . . . . . (26(____-1
My friends . . . . . ____-2
Me . . . . . ____-3
My teachers . . . . . ____-4
My doctor . . . . . ____-5
None of these . . . . . ____-6

D1. How often do you go to the dentist for treatment or a checkup?

More often than once a year . . . . . (27(____-1
Once a year . . . . . ____-2
Every two years . . . . . ____-3
Every three or four years . . . . . ____-4
Every five years or less often . . . . . ____-5
Never . . . . . ____-6

D2. How often do you brush your teeth?

Never . . . . . (28(____-1
Less than once a day . . . . . ____-2
Once a day . . . . . ____-3
Twice a day . . . . . ____-4
Three or more times a day . . . . . ____-5

E1. Which of the following are common causes of serious illnesses?

	Yes	No
Smoking	(29(____-1	____-2
Being overweight	(30(____-1	____-2
Eating too many fatty foods	(31(____-1	____-2
Not getting enough exercise	(32(____-1	____-2
Drinking a lot of water	(33(____-1	____-2
Air and water pollution	(34(____-1	____-2

F1. Did you buy food, snacks, or candy in the last week?

Yes . . . . . (35(____-1
No . . . . . ____-2 (GO TO Q.F4)
Not sure . . . . . ____-3

F2. What types of food, snack, or candy did you buy?

_____ (36-37)

_____ (38-39)

_____

F3. When you shop, do you usually read the labels on packages to see the ingredients and nutritional information?

Yes . . . . . (40(____-1
No . . . . . ____-2

F4. What did you have for breakfast today?
CHECK ANY THAT APPLY

Nothing . . . . . (41(____-1
Milk . . . . . (42(____-1
Coffee . . . . . (43(____-1
Pizza . . . . . (44(____-1
Soda . . . . . (45(____-1
Eggs . . . . . (46(____-1
Cereal . . . . . (47(____-1
Bread, Toast, or Muffin . . . . . (48(____-1
Juice . . . . . (49(____-1
Something else (WRITE IN):
_____ (50(____-1

F5. Do you usually drink

Whole milk? . . . . . (51(____-1
Low-fat milk? . . . . . ____-2
Skimmed milk? . . . . . ____-3
No milk? . . . . . ____-4

F6. Do you have lunch

Every day? . . . . . (52(____-1
Almost every day? . . . . . ____-2
Sometimes? . . . . . ____-3
Never? . . . . . ____-4

F7. Do you have dinner or an evening meal

Every day? . . . . . (53(____-1
Almost every day? . . . . . ____-2
Sometimes? . . . . . ____-3
Never? . . . . . ____-4

F8. When you are choosing what to eat, how often do you think about whether the food you choose is good for you?

A lot . . . . . (54(____-1
Sometimes . . . . . ____-2
Never . . . . . ____-3

F10. Which of the following would be bad for you if you ate or drank it very often?
CHECK AS MANY AS APPLY

Pizza	(55(____-1
Whole milk	(56(____-1
Salad	(57(____-1
Fish	(58(____-1
Chicken	(59(____-1
Beef	(60(____-1
Hamburger and french fries	(61(____-1
Broccoli	(62(____-1
Potato chips	(63(____-1
Ice cream	(64(____-1
Chocolate	(65(____-1
Cereal	(66(____-1
Spaghetti	(67(____-1
Peanut butter	(68(____-1
Milkshake	(69(____-1
Fresh fruit	(70(____-1
Baked potato	(71(____-1

G1. At school have you ever had any class in health education as a separate subject?

Yes	(72(____-1
No	____-2 (GO TO Q.G4)

G2. In what grade did you first have a class in health?

/___/___/ grade

(73-74)

G3. Have you had health in just one grade, two grades, or more?

One grade	(75(____-1
Two grades	____-2
More than two grades	____-3

G4. Have you had health education as part of some other class?

Yes	(76(____-1
No	____-2 (GO TO Q.G6)

G5. Who has taught health education in class?
CHECK AS MANY AS APPLY

Classroom teacher	2*(10(____-1
Science teacher	(11(____-1
Health teacher	(12(____-1
Nurse	(13(____-1
Gym teacher	(14(____-1
Outside expert	(15(____-1
Other regular teacher	(16(____-1
Someone else (Who is that?) (WRITE IN):	
_____	(17(____-1

G6. Which of the following have you learned about in class at school?
CHECK AS MANY AS APPLY

The food you should and shouldn't eat	(18(____-1
The importance of exercise	(19(____-1
Smoking	(20(____-1
The problems of being *over*weight	(21(____-1
Drinking	(22(____-1
Drug abuse	(23(____-1
Pregnancy	(24(____-1
AIDS	(25(____-1
What to do if a stranger approaches you	(26(____-1
Taking care of your teeth	(27(____-1
What to do if someone chokes on food	(28(____-1
Safety at home, school or play	(29(____-1
Stress	(30(____-1
Personal feelings	(31(____-1
Where to go for help with a health problem	(32(____-1
The problems of being *under*weight	(33(____-1
Suicide	(34(____-1

G7. Do you find health classes more interesting or less interesting than other classes?

More interesting	(35(____-1
Less interesting	____-2
About the same	____-3

G8. Do you find them

Useful?	(36(____-1
Not useful?	____-2

G9. Which of the following have you learned in class and used in your own life?
CHECK AS MANY AS APPLY

	Learned	Used
1. What to do if someone chokes on food	(37(____-1	(45(____-1
2. What to do if a stranger approaches you	(38(____-1	(46(____-1
3. Safety at home, school, or play	(39(____-1	(47(____-1
4. Where to go for help with a health problem	(40(____-1	(48(____-1
5. Dealing with personal feelings	(41(____-1	(49(____-1
6. How to avoid pregnancy	(42(____-1	(50(____-1
7. How to reduce the risk of getting AIDs	(43(____-1	(51(____-1
8. Dealing with problems of being overweight and underweight	(44(____-1	(52(____-1

H1. Do much control do you think you have over your own health?

A lot . . . . . (53(____-1
Some . . . . . ____-2
Very little . . . . . ____-3
None at all . . . . . ____-4

H2. Do you agree or disagree with these statements?

	Agree	Disagree
a. If I'm going to be sick, I'm going to be sick, so what's the use of doing anything about it now . . . . . (54(	____-1	____-2
b. My parents don't care whether or not their habits are healthy . . . . . (55(	____-1	____-2
c. I have learned some things at school which have helped me to live a healthier life . . . . . (56(	____-1	____-2
d. Most of the other students in my class don't care about eating right . . (57(	____-1	____-2
e. It's too early for me to worry about having a heart attack or getting cancer . . . . . (58(	____-1	____-2
f. Scientists will find a cure for most serious illnesses before I'm 50 . . . . . (59(	____-1	____-2

H3. Do you think it is important to have friends?

Yes . . . . . (60(____-1
No . . . . . ____-2

H4. Do you have any close friends?

Yes . . . . . (61(____-1
No . . . . . ____-2

H5. Do you feel good about yourself

All of the time? . . . . . (62(____-1
Most of the time? . . . . . ____-2
Sometimes? or . . . . . ____-3
Never? . . . . . ____-4

H6. Do you sometimes do things that you don't want to do because your friends are doing them?

Yes . . . . . (63(____-1
No . . . . . ____-2

H7. Do you sometimes help your friends do what they should do?

Yes . . . . . (64(____-1
No . . . . . ____-2

H8. Do your friends sometimes help you do what you should do?

Yes . . . . . (65(____-1
No . . . . . ____-2

I1. How often do you wear a seatbelt when you are in the front seat of a car?

Always . . . . . (66(____-1
Most of the time . . . . . ____-2
Sometimes . . . . . ____-3
Never . . . . . ____-4 (GO TO Q.I3)

67Z

I2. Why do you do that?
CHECK AS MANY AS APPLY

My parents tell me to . . . . . (68(____-1
It's the safe thing to do . . . . . (69(____-1
It's the law . . . . . (70(____-1

I3. Do you tell others in the car to put on their seat belts?

Yes . . . . . (71(____-1
No . . . . . ____-2

I4a. Have you ever driven after having one drink?

Yes . . . . . (72(____-1
No . . . . . ____-2

I4b. Have you ever gone for a ride with a driver who had been drinking?

Yes . . . . . (73(____-1
No . . . . . ____-2

I5. Have you rehearsed with your parents how to leave your home in case of a fire?

Yes . . . . . (74(____-1
No . . . . . ____-2

I6. Is there an emergency number on or near your phone?

Yes . . . . . (75(____-1
No . . . . . ____-2

I7. Have you been taught how to save someone who is drowning?

Yes . . . . . (76(____-1
No . . . . . ____-2

I8. Do you know what to do if you choke on food when you are by yourself?

Yes . . . . . (77(____-1
No . . . . . ____-2

I9. Do you know what to do if someone has a heart attack?

Yes . . . . . (78(____-1
No . . . . . ____-2

Now, some questions about exercise. By exercise we mean any physical activity which makes you breathe heavily or your heart beat faster for at least 20 minutes.

J1. How often do you get exercise and play at school?

Almost every day ..... (79(____-1
3 times a week ..... ____-2
Twice a week ..... ____-3
Once a week ..... ____-4
Less often ..... ____-5

J2. How often do you get regular exercise outside of school?

Almost every day ..... (80(____-1
3 times a week ..... ____-2
Twice a week ..... ____-3
Once a week ..... ____-4
Less often ..... ____-5

J3. Do you ride a bike?

Yes ..... 3*(10(____-1
No ..... ____-2 (GO TO Q.K1)

J4. When you ride a bike do you wear a helmet?

Yes ..... (11(____-1
No ..... ____-2

J5. When biking, do you follow traffic regulations?

Always ..... (12(____-1
Sometimes ..... ____-2
Never ..... ____-3

K1. How often do you feel very unhappy?

Once a week or more often ..... (13(____-1
Once or twice a month ..... ____-2
Every 2 or 3 months ..... ____-3
Less often ..... ____-4
Never ..... ____-5 (GO TO Q.L1)

K2. When you feel very unhappy, who do you usually talk to?
CHECK AS MANY AS APPLY

My mother ..... (14(____-1
My father ..... (15(____-1
My friends ..... (16(____-1
My teacher ..... (17(____-1
My doctor or nurse ..... (18(____-1
My brother or sister ..... (19(____-1
Nobody ..... (20(____-1
Any others? (WRITE IN):

_____

_____ (21(____-1

L1. Which *one* of the following best describes your use of cigarettes?
Have you:

Smoked one or two cigarettes to see what they were like . . . . . (22(____-1
Smoked a cigarette sometimes . . . . . ____-2
Smoked several cigarettes in the last week . . . . . ____-3
Smoked a pack or more in the past week . . . . . ____-4
Never smoked at all . . . . . ____-5

L2. Which of the following best describes your use of alcohol —such as beer, wine, wine coolers, or liquor? Have you:

Had a drink once or twice . . . . . (23(____-1
Had a drink sometimes . . . . . ____-2
Had a drink in the last month . . . . . ____-3
Had a drink in the last week . . . . . ____-4
Had several drinks in the last week . . . . . ____-5
Never had an alcoholic drink at all . . . . . ____-6

L3. Which one of the following best describes your use of drugs such as marijuana, crack, speed or downers?
Have you:

Tried at least one drug once or twice to see what it was like . . . . . (24(____-1
Taken drugs a few times . . . . . ____-2
Taken a drug in the last month . . . . . ____-3
Taken a drug in the last week . . . . . ____-4
Never taken a drug . . . . . ____-5

L4. As far as you know, how many of the students in your class

Smoke a cigerette once a week or more often? . . . . . /__/__/ (25-26)
Have an alcoholic drink once a week or more often? . . . . . /__/__/ (27-28)
Take a drug once a week or more often? . . . . . /__/__/ (29-30)

M1. Have you ever made any changes to improve your health?

Yes . . . . . (31(____-1
No . . . . . ____-2 (GO TO Q.N1)

M2. What did you do?

_____ (32-33)

_____ (34-35)

_____

M3. Why did you make those changes?

_____ (36-37)

_____ (38-39)

_____

N1.
How important is each of the following to you?

		Very Important	Somewhat Important	Not Very Important	Not at All Important
1.	Not being overweight	(40(____-1	____-2	____-3	____-4
2.	Not taking or experimenting with drugs	(41(____-1	____-2	____-3	____-4
3.	Not eating too many fatty foods . . .	(42(____-1	____-2	____-3	____-4
4.	Not eating too much salt	(43(____-1	____-2	____-3	____-4
5.	Eating enough fiber from whole grains, cereals, fruits and vegetables	(44(____-1	____-2	____-3	____-4
6.	Not eating too much sugar and sweet food	(45(____-1	____-2	____-3	____-4
7.	Not drinking any alcohol at all	(46(____-1	____-2	____-3	____-4
8.	Not smoking cigarettes	(47(____-1	____-2	____-3	____-4
9.	Getting exercise for at least twenty minutes three or more times each week	(48(____-1	____-2	____-3	____-4
10.	Eating breakfast every day	(49(____-1	____-2	____-3	____-4
11.	Wearing a seatbelt when riding in the front seat of a car	(50(____-1	____-2	____-3	____-4

O1. Which of these steps should you take to reduce the risk of getting AIDS?
CHECK ONE OR MORE

Not having sex with anyone . . . . . (51(____-1
Using the birth control pill when having sex . . . . . (52(____-1
Not giving blood . . . . . (53(____-1
Using a condom when having sex . . . . . (54(____-1
Not sharing a bathroom with someone who has AIDS (55(____-1
Not being in a class with someone who has AIDS . . . . (56(____-1
Not taking illegal drugs with needles . . . . . (57(____-1

P1. The next set of questions is concerned with your parents or parent or guardian with whom you live.

		Yes	No
a.	Do either of your parents smoke? . . . . . (58(	____-1	____-2
b.	Are either of your parents overweight? . . . . . (59(	____-1	____-2
c.	Do either of your parents take regular exercise? . . . . . (60(	____-1	____-2
d.	Do either of your parents have more than two drinks a day? . (61(	____-1	____-2
e.	Do either of your parents ever take drugs such as marijuana, speed, downers, or crack? . . . . . (62(	____-1	____-2
f.	Do your parents take care to eat a sensible and healthy diet? (63(	____-1	____-2

Q1. How much do you think your parents or guardians care about the following?

		Care a Lot	Care a Little	Don't Care at All
1.	Your not being overweight . . . . . (64(	____-1	____-2	____-3
2.	Your not taking or experimenting with drugs . . (65(	____-1	____-2	____-3
3.	Your not eating too many fatty foods . . . . . (66(	____-1	____-2	____-3
4.	Your not eating too much salt . . . . . (67(	____-1	____-2	____-3
5.	Your eating enough fiber from whole grains, cereals, fruits and vegetables . . . . . (68(	____-1	____-2	____-3
6.	Your not eating too much sugar and sweet food (69(	____-1	____-2	____-3
7.	Your not drinking any alcohol at all . . . . . (70(	____-1	____-2	____-3
8.	Your not smoking cigarettes . . . . . (71(	____-1	____-2	____-3
9.	Your getting exercise for at least twenty minutes three or more times each week . . . . . (72(	____-1	____-2	____-3
10.	Your eating breakfast every day . . . . . (73(	____-1	____-2	____-3
11.	Your wearing a seatbelt when riding in the front seat of a car . . . . . (74(	____-1	____-2	____-3

75-80Z

Thank you very much for your participation!

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

/ FOR OFFICE USE ONLY:
/
/ Questionnaire No.:_____
/
/ 5-6-7-8

Study No. 874024 (Parents)

January 28, 1988

Sample Point No. / / / / / / / / / /
10- 11- 12- 13- 14- 15- 16-17

Interviewer:_____ I.D. No.:_____ Date:_____

Area Code:_____ Telephone No.:_____ (18-27)

Hello, I'm _____ from Louis Harris and Associates, the national opinion polling and research firm in New York. We are conducting a national survey to learn about attitudes towards school health education. Are you over 18 years of age?

S1. How many children are there in your household aged 18 or younger who have attended public school?

None . . . . . (28(	_____-0	(SCREEN OUT)
One	_____-1	(ASK Q.S2)
More than one . .	_____-2	(SAY: THESE QUESTIONS WILL ALL BE ABOUT THE CHILD WHO HAS CELEBRATED THE MOST RECENT BIRTHDAY. WHAT IS THAT CHILD'S FIRST NAME?_____)
Not sure	_____-3	(ASK FOR SOMEONE WHO KNOWS)

S2. And that child is a boy, or girl?

Boy . . . . . (29(	_____-1	
Girl	_____-2	

S3. Are you the parent or legal guardian who knows the most about (that child)'s education and school? (IF NO, ASK TO SPEAK WITH THAT PERSON)

S.4 And is that child now in elementary school, junior high school/middle school, high school, or out of school?

Elementary . . . . . (30(	_____-1	
Junior high/middle	_____-2	(ASK Q.A1)
High school	_____-3	
Out of school	_____-4	(SKIP TO Q.A2)

A1. What grade is your child in now?

Kindergarten	((____-1
1st	____-2
2nd	____-3
3rd	____-4
4th	____-5
5th	____-6
6th	____-7
7th	____-8
8th	____-9
9th	____-0
10th	____-1
11th	____-2
12th	____-3
Not sure	____-4

A2. Has your child received instruction in health in school?

Yes	((____-1	(ASK Q.A3)
No	____-2	(SKIP TO Q.A4)
Not sure/don't know	____-3	

A3. Do you know what children are taught in the school's health classes?

Yes	((____-1
No	____-2
Not sure	____-3

A4. Is it important to you that your child's school get involved in teaching your child good health habits, or do you feel you can handle this yourself with no help from the school?

School involvement is important	((____-1	(ASK Q. A5a)
No help needed	____-2	(AKIP TO Q.A6)
Not sure	____-3	(ASK Q.A5a)

A5a. Do you feel you need more help from the school in teaching your child about health, or not?

Yes	((____-1	(ASK Q.A5b)
No	____-2	(SKIP TO Q.A6)
Not sure	____-3	

A5b. What one or two things could the school do to help you teach your child about health?

_____ (—)

_____ (—)

_____

Not sure ((____-1

ASK EVERYONE

A6. Thinking about your child's school, how much do you think health education should focus on (READ EACH ITEM) – a great deal, somewhat, not much, or not at all?

	A Great Deal	Somewhat	Not Much	Not at All	Not Sure
1. The food your child eats and should eat	(____-1	____-2	____-3	____-4	____-5
2. The importance of exercise	(____-1	____-2	____-3	____-4	____-5
3. Smoking	(____-1	____-2	____-3	____-4	____-5
4. The problems of being overweight or underweight	(____-1	____-2	____-3	____-4	____-5
5. Alcohol and drug abuse	(____-1	____-2	____-3	____-4	____-5
6. Sex education	(____-1	____-2	____-3	____-4	____-5
7. AIDS	(____-1	____-2	____-3	____-4	____-5
8. Taking care of teeth	(____-1	____-2	____-3	____-4	____-5
9. What to do if someone chokes on food	(____-1	____-2	____-3	____-4	____-5
10. Personal feelings	(____-1	____-2	____-3	____-4	____-5
11. Where to go for help with a health problem	(____-1	____-2	____-3	____-4	____-5
12. Safety at home, school, or play	(____-1	____-2	____-3	____-4	____-5
13. Stress	(____-1	____-2	____-3	____-4	____-5
14. Suicide	(____-1	____-2	____-3	____-4	____-5

A7. Comprehensive health education usually means health education over several years covering several major health care subjects. How important is it to you that your child have a comprehensive health education—very important, somewhat important, not too important, or not at all important?

Very important . . . . . ((____-1
Somewhat important . . . . . ____-2
Not too important . . . . . ____-3
Not at all important . . . . . ____-4
Not sure . . . . . ____-5

A8a. How would you rate your child's health education at school – excellent, good, fair, or poor?

Excellent . . . . . ((____-1 (SKIP TO Q.A9)
Good . . . . . ____-2
Fair . . . . . ____-3 (ASK Q.A8b)
Poor . . . . . ____-4
Not sure . . . . . ____-5 (SKIP TO Q.A9)

A8b. In what one or two ways do you think it could be improved?

_____(–)

_____(–)

_____

Not sure . . . . . ((____-1

A9a. Have you ever gotten involved with your child's school health education program in any way, or not?

Yes . . . . . ((____-1 (ASK Q.A9b)
No . . . . . ____-2 (SKIP TO Q.B1)
Not sure . . . . . ____-3

IF YES

A9b. Have you:

		Yes	No	Not Sure
(a)	Discussed health education with anyone at the school? . . . . . (	(____-1	____-2	____-3
(b)	Discussed health education at PTA or parents meetings? . . . . . (	(____-1	____-2	____-3
(c)	Participated with any other community organizations supporting school health education? . . . . . (	(____-1	____-2	____-3

ASK EVERYONE

B1. Would you say that your child is physically fit or out of shape?

Physically fit . . . . . ((____-1
Out of shape . . . . . ____-2
Child handicapped (vol.) . . . . . ____-3
Not sure . . . . . ____-4

B2. Right now, do you feel that (he/she) is overweight, underweight, or at about the right weight?

Overweight . . . . . ((____-1
Underweight . . . . . ____-2
At about the right weight . . . . . ____-3
Not sure . . . . . ____-4

C1. How many times has your child seen a doctor at school, in a hospital, or in a doctor's office in the last year—once, twice, three times, or four or more times?

Once . . . . . ((____-1
Twice . . . . . ____-2
Three times . . . . . ____-3
Four or more times . . . . . ____-4
Never (vol.) . . . . . ____-5
Not sure . . . . . ____-6

C2. Has your child ever had

	Yes Has Had	No Hasn't Had	Not Sure
A hearing test or not?	(____-1	____-2	____-3
An eye examination or not?	(____-1	____-2	____-3

D1. How often does your child go to the dentist for treatment or a checkup—more than once a year, once a year, every two years, every three or four years, every five years or more, or never?

More than once a year	(____-1
Once a year	____-2
Every two years	____-3
Every three or four years	____-4
Every five years or more	____-5
Never	____-6
Not sure	____-7

D2. How often does (he/she) brush (his/her) teeth—never, less than once a day, once a day, twice a day, or three or more times a day?

Never	(____-1
Less than once a day	____-2
Once a day	____-3
Twice a day	____-4
Three or more times a day	____-5
Not sure	____-6

E1. Do you feel you know enough to help your child avoid behaviors that place (his/her) health or safety at risk, or not?

Yes	(____-1
No	____-2
Not sure	____-3

INTERVIEWER PAUSE

F1. Do you take any special steps to give your child a healthy diet or not?

Yes	(____-1 (ASK Q.F2)
No	____-2 (SKIP TO Q.G1)
Not sure	____-3

F2. What one or two special steps do you take (NOT MORE THAN TWO)?

_____(–)

_____(–)

_____

Not sure (____-1

G1. Do you think it is important that your child have friends or not?

Yes	(____-1
No	____-2
Not sure	____-3

G2. Does your child have any close friends or not?

Yes ..... ((____-1
No ..... ____-2
Not sure ..... ____-3

G3. Do you think your child feels good about (himself/herself) all of the time, most of the time, sometimes, or never?

All of the time ..... ((____-1
Most of the time ..... ____-2
Sometimes ..... ____-3
Never ..... ____-4
Not sure ..... ____-5

G4. Do you feel your child sometimes does things that (he/she) doesn't want to do because (his/her) friends are doing it or not?

Yes ..... ((____-1
No ..... ____-2
Not sure ..... ____-3

Now, some questions about exercise.

H1. How often does your child get regular exercise outside of school—by exercise we mean any physical activity which makes you breathe heavily or your heart beat faster for at least 20 minutes. Would you say daily, almost every day, 3 times a week, twice a week, once a week, or less often?

Daily ..... ((____-1
Almost every day ..... ____-2
3 times a week ..... ____-3
Twice a week ..... ____-4
Once a week ..... ____-5
Less often ..... ____-6
Not sure ..... ____-7

H2. Does your child ride a bike or not?

Yes ..... ((____-1 (ASK Q.H3)
No ..... ____-2
Not sure ..... ____-3 (SKIP TO Q.I1)

H3. How important is it that he or she wears a helmet when riding a bike—very important, somewhat important, not so important, or not important at all?

Very important ..... ((____-1
Somewhat important ..... ____-2
Not so important ..... ____-3
Not important at all ..... ____-4
Not sure ..... ____-5

I1. How often does your child seem very unhappy or depressed—once a week or more often, once or twice a month, every two or three months, less often or never?

Once a week or more often ..... ((____-1
Once or twice a month ..... ____-2
Every 2 or 3 months ..... ____-3 (ASK Q.I2)
Less often ..... ____-4
Never ..... ____-5 (SKIP Q.J1a)
Not sure ..... ____-6 (ASK Q.I2)

I2. When your child feels very unhappy or depressed, who does (he/she) usually talk to?
DO NOT READ LIST—MULTIPLE RECORD

His/Her mother . . . . . ((____-1
His/Her father . . . . . ((____-1
Respondent . . . . . ((____-1
His/Her friends . . . . . ((____-1
His/Her teacher . . . . . ((____-1
His/Her doctor or nurse . . . . . ((____-1
His/Her brother or sister . . . . . ((____-1
Nobody . . . . . ((____-1
Priest/minister/rabbi . . . . . ((____-1
Others? (SPECIFY):

_____

_____ ((____-1
Not sure . . . . . ((____-2

J1a. Has your child ever smoked a cigarette, or not?

Yes . . . . . ((____-1 (ASK Q.J1b)
No . . . . . ____-2 (SKIP TO Q.J2a)
Not sure . . . . . ____-3

J1b. Has (he/she) (READ LIST)?

Smoked one or two to see what they were like . . . . . ((____-1
Smoked one occasionally . . . . . ____-2
Smoked several in the last week . . . . . ____-3
Smoked a pack or more in the past week . . . . . ____-4
Not sure . . . . . ____-5

J2a. Has your child ever had one alcoholic drink, such as beer, wine, wine coolers, or liquor?

Yes . . . . . ((____-1 (ASK Q.J2b)
No . . . . . ____-2 (SKIP TO Q.J3a)
Not sure . . . . . ____-3

J2b. Has (he/she) (READ LIST)?

Had a drink once or twice . . . . . ((____-1
Had one occasionally . . . . . ____-2
Had a drink in the last month . . . . . ____-3
Had one in the last week . . . . . ____-4
Had several drinks in the last week . . . . . ____-5
Not sure . . . . . ____-6

J3a. Has your child ever used a drug such as marijuana, crack, speed, or downers?

Yes . . . . . ((____-1 (ASK Q.J3b)
No . . . . . ((____-2 (SKIP TO Q.L1)
Not sure . . . . . ____-3

J3b. Has (he/she) (READ LIST)?

Tried drugs once or twice to see what it was like . . . . ((____-1
Taken drugs a few times . . . . . ____-2
Taken a drug in the last month . . . . . ____-3
Taken one in the last week . . . . . ____-4
Refused . . . . . ____-5
Not sure . . . . . ____-6

L1. How important is it to you that your child (READ EACH ITEM) – a lot, a little, or not at all?

ROTATE—START AT "X"	A Lot	A Little	Not At All	Not Sure
( ) 1. Is not overweight	-1	-2	-3	-4
( ) 2. Gets exercise for at least twenty minutes three or more times each week	-1	-2	-3	-4
( ) 3. Does not take or experiment with drugs	-1	-2	-3	-4
( ) 4. Eats breakfast every day	-1	-2	-3	-4
( ) 5. Does not eat too much fat	-1	-2	-3	-4
( ) 6. Does not eat too much salt	-1	-2	-3	-4
( ) 7. Eats enough fiber from whole grains, cereals, fruits and vegetables	-1	-2	-3	-4
( ) 8. Does not eat too much sugar and sweet food	-1	-2	-3	-4
( ) 9. Wears a seatbelt when riding in the front seat of a car	-1	-2	-3	-4
( ) 10. Does not drink alcohol	-1	-2	-3	-4
( ) 11. Does not smoke cigarettes	-1	-2	-3	-4
( ) 12. Does not eat too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	-1	-2	-3	-4

M1. Here are some things that schools might possibly do to encourage teenagers toward good health habits. Whether or not you have teenagers in your household, for each of these items, tell me whether it would help a lot, a little, or not at all.

ROTATE—START AT "X"	A Lot	A Little	Not At All	Not Sure
( ) a. Providing more counseling on teenage sexuality and pregnancy	-1	-2	-3	-4
( ) b. Adding more health topics to the school curriculum	-1	-2	-3	-4
( ) c. Expanding the athletic program	-1	-2	-3	-4
( ) d. Encouraging more parents to have frank talks with their children	-1	-2	-3	-4
( ) e. Stricter discipline in school	-1	-2	-3	-4

M2. At what age, if any do you think that health education should begin in the schools?

M3. At what age, if any, should students begin to learn about AIDS in school?

	O.M2	O.M3
Before 5	((____-1	((____-1
5	____-2	____-2
6	____-3	____-3
7	____-4	____-4
8	____-5	____-5
9	____-6	____-6
10	____-7	____-7
11	____-8	____-8
12	____-9	____-9
13	____-0	____-0
14	((____-1	((____-1
15	____-2	____-2
16	____-3	____-3
17 or later	____-4	____-4
Never (vol.)	____-5	____-5
Not sure	____-6	____-6

N1. Would your child's (READ EACH ITEM) reduce (his/her) risk of getting AIDS, or not?

	Yes	No	Not Applicable (vol.)	Not Sure
1. Not sharing a bathroom with someone who has AIDS	((____-1	____-2	____-3	____-4
2. Not being in a classroom with someone who has AIDS	((____-1	____-2	____-3	____-4
3. Not taking illegal drugs with needles	((____-1	____-2	____-3	____-4
4. Not having sex with anyone	((____-1	____-2	____-3	____-4
5. Using the birth control pill when having sex	((____-1	____-2	____-3	____-4
6. Not giving blood	((____-1	____-2	____-3	____-4
7. Using a condom when having sex	((____-1	____-2	____-3	____-4

N2. The next set of questions refers to you, not your child.

	Yes	No	Not Sure	Refused
a. Do you smoke or not?	-1	-2	-3	-4
b. Are you overweight or not?	-1	-2	-3	-4
c. Do you exercise regularly twice a week or more often or not?	-1	-2	-3	-4
d. Do you have more than two drinks a day or not?	-1	-2	-3	-4
e. Do you ever take drugs such as marijuana, speed, downers, or crack or not?	-1	-2	-3	-4
f. Do you take care to eat a sensible and healthy diet or not?	-1	-2	-3	-4

01. How often do you wear a seatbelt when you are in the front seat of a car—always, most of the time, sometimes, or never?

Always . . . . . -1
Most of the time . . . . . -2
Sometimes . . . . . -3
Never . . . . . -4
Not sure . . . . . -5

02. How many drinks do you feel it is safe to have before driving?

0 . . . . . -0
1 . . . . . -1
2 . . . . . -2
3 . . . . . -3
4 or more . . . . . -4
Not sure . . . . . -5

03. If you ever drink alcohol, how often do you drive after having a drink—all the time, sometimes, rarely, or never?

All the time . . . . . -1
Sometimes . . . . . -2
Rarely . . . . . -3
Never . . . . . -4
Not sure . . . . . -5
Don't drink (vol.) . . . . . -6

04. Have you rehearsed with your child how to leave your home in case of a fire or not?

Yes . . . . . -1
No . . . . . -2
Not sure . . . . . -3

05. Is there an emergency number on or near your phone or not?

Yes . . . . . -1
No . . . . . -2
Not sure . . . . . -3

06. Have you been taught how to save someone who is drowning or not?

Yes . . . . . ((____-1
No . . . . . ____-2
Not sure . . . . . ____-3

07. Have you been taught what to do if you choke on food when by yourself or not?

Yes . . . . . ((____-1
No . . . . . ____-2
Not sure . . . . . ____-3

08. Have you been taught what to do if someone has a heart attack or not?

Yes . . . . . ((____-1
No . . . . . ____-2
Not sure . . . . . ____-3

P1. What is the last year of school you yourself have completed?

Less than high school (grades 1-11) . . . . . ((____-1
High school graduate (grade 12) . . . . . ____-2
Some college (grades 13-15) . . . . . ____-3
College graduate (grade 16) . . . . . ____-4
Post graduate (grade 17 and over) . . . . . ____-5
Not sure . . . . . ____-6

P2. Generally, how much do you feel you know about what (goes/went) on in your child's school—a great deal, some, a little, or nothing at all?

A great deal . . . . . ((____-1
Some . . . . . ____-2
A little . . . . . ____-3
Nothing . . . . . ____-4
Not sure . . . . . ____-5

P3a. Did you yourself ever have health instruction in school, or not?

Yes . . . . . ((____-1 (ASK Q.P3b)
No . . . . . ____-2 (SKIP TO Q.P4)
Not sure . . . . . ____-3

P3b. How many years of instruction was that?

/ / / Not sure . . . . . ((____-1
(-)

P4. Are you presently married, divorced, widowed, never married or living with someone?

Married . . . . . ((____-1
Divorced . . . . . ____-2
Separated . . . . . ____-3
Widowed . . . . . ____-4
Never married . . . . . ____-5
Living with someone . . . . . ____-6
Not sure . . . . . ____-7
Refused . . . . . ____-8

P5. How old are you? IF HESITANT, READ LIST

18 to 20	-1
21 to 24	-2
25 to 29	-3
30 to 34	-4
35 to 39	-5
40 to 44	-6
45 to 49	-7
50 to 64	-8
65 to 74	-9
75 and over	-0
Not sure	-1

P6. Are you currently working at a full-time job, part-time job, or not working outside the home?

Full-time job	-1
Part-time job	-2
Not working outside the home	-3
Work at home (vol.)	-4
Refused	-5

P7. Which of the following income categories best describes your total 1987 household income? Was it (READ LIST)?

$7,500 or less	-1	
$7,501 to $15,000	-2	INTERVIEWER: TOTAL
$15,001 to $25,000	-3	HOUSEHOLD INCOME
$25,001 to $35,000	-4	BEFORE TAXES FROM
$35,001 to $50,000	-5	ALL SOURCES—IF
$50,001 to $75,000	-6	UNSURE OF 1987
$75,001-$100,000	-7	INCOME, PROBE
$100,001 or over	-8	FOR ESTIMATE
Not sure	-0	

P8. Are you of Hispanic origin or descent, or not?

Yes, of Hispanic origin	-1
No, not of Hispanic origin	-2
Not sure	-3

P9. Do you consider yourself white, black, Asian, or what?

White	-1
Black	-2
Asian or Pacific Islander	-3
American Indian or Alaskan native	-4
Not sure	-5

P10. FROM OBSERVATION: Sex of adult respondent.

Male	-1
Female	-2

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

/ FOR OFFICE USE ONLY:
/
/ Questionnaire No.: _____
/
/ 5-6-7-8

Study No. 874024 (Teachers)

February 29, 1988

Sample Point No. / / / / / / / / /
10- 11- 12- 13- 14- 15-16

Introduction

Louis Harris and Associates, the national survey firm in New York City, is conducting a major survey about the health practices of school children and school health education programs.

This study invites the participation of school children, parents and teachers. However, no respondent will be identified by name and all results will be kept strictly confidential. Only aggregated totals will be made public.

Thank you for your participation.

A1. How many years have you been teaching in the public school system?
/ / / Years
(17-18)

A2. How many years have you been teaching health?
/ / / Years
(19-20)

A3. What grade are you teaching now?
CHECK AS MANY AS APPLY

3rd . . . . . (21(____ -1
4th . . . . . (22(____ -1
5th . . . . . (23(____ -1
6th . . . . . (24(____ -1
7th . . . . . (25(____ -1
8th . . . . . (26(____ -1
9th . . . . . (27(____ -1
10th . . . . . (28(____ -1
11th . . . . . (29(____ -1
12th . . . . . (30(____ -1

A4. Which of the following types of health education programs do you have in your school? CHECK AS MANY AS APPLY

Comprehensive (multitopic, multigrade) . . . . . (31(____ -1
Single topic . . . . . (32(____ -1
District planned . . . . . (33(____ -1
Program developed by other agency . . . . . (34(____ -1
Text/readings only . . . . . (35(____ -1
Something else? (WRITE IN):

_____ . (36(____ -1

A5. How often do you teach health to this class?

Once a week . . . . . (37(____-1
More than once a week . . . . . ____-2
Twice a month . . . . . ____-3
Rarely . . . . . ____-4
Never . . . . . ____-5

A6. How many others teach health at your school?

One . . . . . (38(____-1
Two . . . . . ____-2
Three or more . . . . . ____-3
None . . . . . ____-4

A7. Do you teach health as a separate class or as an emphasis in another class?

Separate class . . . . . (39(____-1
Emphasis in another class . . . . . ____-2
Other? (PLEASE SPECIFY):

_____ ____-3

A8. How long is the average class in health in this school?

/ / / Minutes

(40-41)

B1. Overall, how would you rate your own school's health education program?

Excellent . . . . . (42(____-1
Good . . . . . ____-2
Fair . . . . . ____-3
Poor . . . . . ____-4

B2. Do you think health education should be one of the basics in the educational curriculum?

Yes . . . . . (43(____-1
No . . . . . ____-2

B3. By comprehensive health education we mean a multitopic, multigrade health education program over several years. How familiar are you with this form of health education?

Very familiar . . . . . (44(____-1
Somewhat familiar . . . . . ____-2
Not so familiar . . . . . ____-3
Not at all familiar . . . . . ____-4

B4. Does your school offer comprehensive health education?

Yes . . . . . (45(____-1
No . . . . . ____-2

B5a. Which of the following topics has this class learned about in school?
CHECK AS MANY AS APPLY

The food you eat and should eat . . . . . (46(____-1

The importance of exercise . . . . . (47(____-1

Smoking . . . . . (48(____-1

The problems of being overweight . . . . (49(____-1

Drinking . . . . . (50(____-1

Drug abuse . . . . . (51(____-1

How to cross a street . . . . . (52(____-1

AIDS . . . . . (53(____-1

What to do if a stranger visits your home when you are by yourself . . . (54(____-1

Taking care of your teeth . . . . . (55(____-1

What to do if someone chokes on food. . (56(____-1

Safety at home, school, or play . . . . . (57(____-1

Where to go for help with a health problem . . . . . (58(____-1

Personal feelings . . . . . (59(____-1

Other (SPECIFY):

_____ . . (60(____-1

None . . . . . (61(____-1 (GO TO Q.B6, NEXT PAGE)

B5b. Which two or three of the previous topics do you consider most important?

_____ (62-63)

_____ (64-65)

_____ (66-67)

B6. Would you say most of the students in this class feel they have control over their health?

Have control . . . . . (68(____-1
Do not have control . . . . . ____-2

B7. How many of these students would you say are in good health?

100% . . . . . (69(____-1
90%-99% . . . . . ____-2
80%-89% . . . . . ____-3
70%-79% . . . . . ____-4
60%-69% . . . . . ____-5
50%-59% . . . . . ____-6
40%-49% . . . . . ____-7
30%-39% . . . . . ____-8
20%-29% . . . . . ____-9
10%-19% . . . . . ____-0
0-9% . . . . . (70(____-1

C1a. How much emphasis should be placed on each of the following for your students?

		A Great Deal	Somewhat	Not So Much	Not at all
1.	The food they eat and should eat .....(71(	____-1	____-2	____-3	____-4
2.	Getting regular exercise .....(72(	____-1	____-2	____-3	____-4
3.	Smoking .....(73(	____-1	____-2	____-3	____-4
4.	Being overweight or underweight .....(74(	____-1	____-2	____-3	____-4
5.	Alcohol and drug abuse .....(75(	____-1	____-2	____-3	____-4
6.	Sex education .....(76(	____-1	____-2	____-3	____-4
7.	AIDS .....(77(	____-1	____-2	____-3	____-4
8.	Taking care of teeth .....(78(	____-1	____-2	____-3	____-4
9.	What to do if someone chokes on food ...(79(	____-1	____-2	____-3	____-4
10.	Personal feelings .....(80(	____-1	____-2	____-3	____-4
11.	Where to go for help with a health problem .....2* (10(	____-1	____-2	____-3	____-4
12.	Safety at home, school, or play .....(11(	____-1	____-2	____-3	____-4
13.	Stress .....(12(	____-1	____-2	____-3	____-4
14.	Suicide .....(13(	____-1	____-2	____-3	____-4

C1b. Are there any other health topics you consider important?

_____(14-15)

_____(16-17)

C2. This question is about yourself. How important is each of the following items to you?

	Very Important	Somwhat Important	Not Very Important	Not at All Important
1. Not being overweight . . . . . (18(	____-1	____-2	____-3	____-4
2. Getting exercise for at least twenty minutes three or more times each week . . . . . (19(	____-1	____-2	____-3	____-4
3. Not taking or experimenting with drugs . . . . . (20(	____-1	____-2	____-3	____-4
4. Eating breakfast every day . . . . . (21(	____-1	____-2	____-3	____-4
5. Not eating too many fatty foods . . (22(	____-1	____-2	____-3	____-4
6. Not eating too much salt . . . . . (23(	____-1	____-2	____-3	____-4
7. Eating enough fiber from whole grains, cereals, fruits and vegetables . . . . . (24(	____-1	____-2	____-3	____-4
8. Not eating too much sugar and sweet food . . . . . (25(	____-1	____-2	____-3	____-4
9. Wearing a seatbelt when riding in the front seat of a car . . . . . (26(	____-1	____-2	____-3	____-4
10. Not drinking alcohol . . . . . (27(	____-1	____-2	____-3	____-4
11. Not smoking cigarettes . . . . . (28(	____-1	____-2	____-3	____-4

C3. Do you encourage your students in this class to learn the following safety and first aid skills?

	Yes	No
1. How to leave home in case of a fire . . . . . (29(	____-1	____-2
2. How to save someone who is drowning . . . . . (30(	____-1	____-2
3. What to do if someone chokes on food . . . . . (31(	____-1	____-2
4. What to do if they themselves choke on food while alone . . (32(	____-1	____-2
5. What to do if someone has a heart attack . . . . . (33(	____-1	____-2
6. Using a helmet when riding a bike . . . . . (34(	____-1	____-2
7. Wearing a seatbelt when riding in the front seat of a car . . (35(	____-1	____-2
8. What to do if approached by strangers . . . . . (36(	____-1	____-2

D1. How much time should be devoted to self esteem in class?

A lot . . . . . (37(____-1
A little . . . . . ____-2
None at all . . . . . ____-3

D2. Do you think these students often do things they don't want to do because their friends are doing it?

Yes . . . . . (38(____-1
No . . . . . ____-2

D3. How much emphasis do you place on discussing the effects of peer pressure in class?

A lot . . . . . (39(____-1
Some . . . . . ____-2
Not so much . . . . . ____-3
Not at all . . . . . ____-4

E1. How serious a problem is stress for the students in this class?

Very serious . . . . . (40(____-1
Somewhat serious . . . . . ____-2
Not so serious . . . . . ____-3
Not at all serious . . . . . ____-4

E2. Do you cover stress-management techniques in class?

Yes . . . . . (41(____-1
No . . . . . ____-2

E3. Does your school offer health counseling for students?

Yes . . . . . (42(____-1
No . . . . . ____-2

E4. How often do you think most of your students in this class get regular exercise outside of school (involving continuous activity for at least 20 minutes)?

Daily . . . . . (43(____-1
Almost every day . . . . . ____-2
3 times a week . . . . . ____-3
Twice a week . . . . . ____-4
Once a week . . . . . ____-5
Less often . . . . . ____-6
Not sure . . . . . ____-7

F1. When you discuss drug and substance abuse with your class, are the following included or excluded?

		Included	Excluded	Not Applicable
1.	Beer	(44(_____-1	_____-2	_____-3
2.	Wine and liquor	(45(_____-1	_____-2	_____-3
3.	Marijuana	(46(_____-1	_____-2	_____-3
4.	Tobacco	(47(_____-1	_____-2	_____-3
5.	Wine coolers	(48(_____-1	_____-2	_____-3
6.	Cocaine and crack	(49(_____-1	_____-2	_____-3
7.	Over the counter medications	(50(_____-1	_____-2	_____-3

F2. How does your community feel about the importance of teaching sex education in school? Is it:

Very important . . . . . (51(_____-1
Somewhat important . . . . . _____-2
No so important . . . . . _____-3
Not at all important . . . . . _____-4

F3. How does your community feel about the importance of teaching students about AIDS in school? Is it:

Very important . . . . . (52(_____-1
Somewhat important . . . . . _____-2
No so important . . . . . _____-3
Not at all important . . . . . _____-4

G1. Which of the following might help students in reinforcing the good health habits and attitudes they learn in class. For each one, would it help a lot, help some, help a little, or not help at all in enhancing health education.

		Help a Lot	Help Some	Help Little	Not Help at all
a.	Providing more counseling on teenage sexuality and pregnancy	.(53(_____-1	_____-2	_____-3	_____-4
b.	Getting students involved in more health projects	.(54(_____-1	_____-2	_____-3	_____-4
c.	Providing parents with information to support what is being taught at school	.(55(_____-1	_____-2	_____-3	_____-4
d.	Getting parents more actively involved in decisions about the content of health courses	.(56(_____-1	_____-2	_____-3	_____-4
e.	Increasing the opportunities to visit community-based preventive programs	.(57(_____-1	_____-2	_____-3	_____-4
f.	Adding more health topics to the curriculum	.(58(_____-1	_____-2	_____-3	_____-4

G2. At what age do you think health education should begin in school?

5 years	(59(____-1
6 years	____-2
7 years	____-3
8 years	____-4
9 years	____-5
10 years	____-6
11 years	____-7
12 years	____-8
13 years	____-9
14 years	____-0
15 years	(60(____-1
16 years	____-2
17 years	____-3
18 years	____-4
Never	____-5

G3. At what age, if any, should students begin to learn about AIDS in school?

5 years	(61(____-1
6 years	____-2
7 years	____-3
8 years	____-4
9 years	____-5
10 years	____-6
11 years	____-7
12 years	____-8
13 years	____-9
14 years	____-0
15 years	(62(____-1
16 years	____-2
17 years	____-3
18 years	____-4
Never	____-5

G4. How strongly does your school support its health education program?

Very strongly	(63(____-1
Somewhat strongly	____-2
Not so strongly	____-3
Not at all strongly	____-4

G5a. Who among the following gives strong support to health education in your school?
CHECK AS MANY AS APPLY

a.	Teachers	(64(____-1
b.	Local school administrators	(65(____-1
c.	School board members	(66(____-1
d.	Students	(67(____-1
e.	Parents	(68(____-1
f.	Voluntary health organizations	(69(____-1
g.	Fire and police departments	(70(____-1
h.	Other community and church groups	(71(____-1

G5b. Where would you like to get more support?

_____ (72-73)

_____ (74-75)

G6. Have you seen any changes in the habits or attitudes of your students over time as a result of their health education program at school?

Yes . . . . . .(76(_____-1
No . . . . . _____-2 (GO TO Q.H1)

G7. What one or two most prominent changes have you noticed?

_____ (77-78)

_____ (79-80)

_____

H1. What type of teacher are you? CHECK ONE

Classroom . . . . . 3* (10(_____-1
Science . . . . . _____-2
Health . . . . . _____-3
Gym . . . . . _____-4
Outside expert . . . . . _____-5
Nurse . . . . . _____-6
Other (WRITE IN):

_____ . . _____-7

H2a. Have you received professional preparation in health education at an accredited institution?

Yes . . . . . (11(_____-1
No . . . . . _____-2

H2b. Have you received in-service training in health education?

Yes . . . . . (12(_____-1
No . . . . . _____-2 (GO ON TO Q.H3)

H2c. Where did you receive you in-service training?

Public school . . . . . (13(_____-1
College/university . . . . . _____-2
A community agency . . . . . _____-3
Other (PLEASE SPECIFY):

_____ . . _____-4

H3. Is the area where your school is located considered inner city, urban, suburban, small town, or rural?

Inner city	(14(____-1
Urban	____-2
Suburban	____-3
Small town	____-4
Rural	____-5

H4. What is the size of your school enrollment?

Less than 500	(15(____-1
500-4,999	____-2
5,000-29,999	____-3
30,000 or over	____-4

16-18Z

Thank you very much for your participation!

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